



# CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

Please Check Appropriate Box(es)

- Preliminary Site Plan (Fee \$50 + \$10/Acre)
- Architectural Review/Re-Imaging (Fee \$50)
- Preliminary Subdivision (Fee \$100 + \$5/Lot)
- Miscellaneous Review (Fee \$25): Type: \_\_\_\_\_
- Final Site Plan (Fee \$50 + \$10/Acre)
- Rezoning (Fee \$100 + \$10/Acre)
- Final Subdivision (Fee \$200 + \$10/Lot)

### PROJECT INFORMATION (Please Print)

Project Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

### Complete Below as Applicable (Please Print)

Proposed Use: \_\_\_\_\_

Building Area: \_\_\_\_\_ Lot Acreage: \_\_\_\_\_

Number of Sublots: \_\_\_\_\_ Acreage in Sublots: \_\_\_\_\_

Acreage in Open Space or Village Green: \_\_\_\_\_ Proposed Zoning Classification: \_\_\_\_\_

### NAME AND ADDRESS OF APPLICANT: (Print Full Address)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### NAME AND ADDRESS OF PROPERTY OWNER: (Authorization required if different than applicant)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

The undersigned Owner agrees that the above person (applicant shall, for the sole purpose(s) set forth herein, have the full authority to act as an agent for the property owner shall be, for all purposes set forth herein, deemed an agent in the direct employment of the above-referenced for the following purposes (provide a complete description of the scope of the agency relationship): and shall have full power and authority to act in the name of the above-referenced, make application(s), receive information and notices, represent, and bind same in any matters falling within the scope of the purpose(s) set forth herein above

**OWNERS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Staff Use Only:

Fee Paid       Notice Sign Given to Applicant      Meeting Date: \_\_\_\_\_

Planning Commission meetings are at 7 p.m. on the third floor of the Municipal Center in Council Chambers

Received By: \_\_\_\_\_

**(REVISION 6/2010 ALL OTHER VERSIONS ARE OBSOLETE)**

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 [www.cityofmentor.com](http://www.cityofmentor.com)  
Economic & Community Development Department Phone 440-974-5740 \ Fax 440-205-3605 \ Email commdev@cityofmentor.com



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## TYPE OF REQUEST:

- Sign                       Transfer of Conditional Use Permit                       Informal Rezoning  
 Road Vacation                       Time Extension                       Sidewalk Waiver  
 Other \_\_\_\_\_

## INFORMATION SUBMITTED:

\_\_\_\_\_ Cover Letter    \_\_\_\_\_ Site Plan / Survey    \_\_\_\_\_ Building / Sign Drawings  
 \_\_\_\_\_ Other \_\_\_\_\_

Comments:

FEES: \$25

NOTES: 20 copies of the plans are required NO SHEET SHALL EXCEED 42" IN SIZE. 15 Copies can be submitted as 11" x 17" if they are legible. The other 5 sets are required to be full size.

It is suggested and encouraged that the applicant schedules a pre-application conference with the Department of Economic & Community Development and the City Engineer's Office prior to site plan submittal for Commission review.

Additional or revised information for tabled agenda items need to be submitted at least ten (10) working days prior to the Planning Commission meeting.

Questions can be directed to the Department of Economic & Community Development at (440) 974-5740 or (440) 942-8796 between 8:00 a.m and 5:00 p.m.

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