



CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

Please Check Appropriate Box(es)

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

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 4/2012 ALL OTHER VERSIONS ARE OBSOLETE)

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



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SUBDIVISION NAME: _____

THE FOLLOWING ITEMS SHALL BE ADDRESSED AS PART OF THE APPLICATION:

- | | |
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| <p>_____ Location Map (1" = 1000')</p> <p>_____ Name of Subdivision</p> <p>_____ Name & Address of Developer</p> <p>_____ Name of Surveyor / Engineer</p> <p>_____ North Arrow, Scale and Date (Scale shall be 1" = 100')</p> <p>_____ Names of Adjoining Property Owners</p> <p>_____ Current Zoning of Property & Adjacent Property</p> <p>_____ Location & Dimensions of all boundary lines of property to be subdivided and of adjacent properties</p> <p>_____ The approximate location, area and dimensions of all proposed lots</p> <p>_____ Location, dimensions, and area of all property to be set aside for parks, open space, or other public or private reservation, with designation of the purpose and proposed ownership thereof.</p> <p>_____ Indication of the proposed use of any lot other than residential</p> <p>_____ Lots shall be numbered consecutively and total number of lots and combined acreage indicated on the plat.</p> <p>_____ Trip Generation Study</p> | <p>_____ Location of existing water bodies, streams, and drainage ditches and other important features.</p> <p>_____ Topography with a maximum contour interval of two feet. Elevations shall be based on mean sea level datum obtained from bench marks established by the City.</p> <p>_____ Location of any Jurisdictional wetlands on the site as delineated by an expert acceptable to the U.S. Army Corps of Engineers</p> <p>_____ Location and Size of Existing Utilities (Sanitary Sewers, Water Mains and Storm Sewers)</p> <p>_____ Preliminary proposal for sanitary sewers, water mains and collection & discharge of surface water</p> <p>_____ Tree management Plan indicating trees to be preserved.</p> <p>_____ Location, width, names and classification of all existing and proposed streets, right of ways, and easements (and their designated uses)</p> <p>_____ Proposed Street Names</p> <p>_____ Development Phasing (if applicable)</p> <p>_____ Letter from The Lake County Sanitary Engineer and Consumers Ohio Water Service indicating that the existing utility systems are capable of meeting the projected demands to be generated by the proposed project</p> |
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FEES: Preliminary Subdivision Review - \$100 + \$5 per Lot

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 schedule a pre-application conference with the Department of Economic & Community Development and the City Engineer's Office prior to subdivision 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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