



CITY OF MENTOR ZONING PERMIT

PROJECT INFORMATION (Please Print)

Project Address: _____ Zoning: _____

Parcel Number(s): _____

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: _____

INFORMATION SUBMITTED:

_____ Cover Letter _____ Site Plan / Survey _____ Other _____

Comments/Description:

Staff Use Only:

\$ 5Fee Paid Approved By: _____

(REVISION 3/2012 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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