



CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

Please Check Appropriate Box(es)

- Preliminary Site Plan (Fee \$300)
- Architectural Review/Re-Imaging (Fee \$200)
- Informal Rezoning (Fee \$300)
- Preliminary Subdivision (Fee \$300)
- Development Plan Amendment (Fee \$300)
- Road Vacation (Fee \$100)
- Sidewalk Waiver or Other (Fee \$100) Type: _____
- Final Site & Architectural Review (Fee \$500)
- Building Addition/Site Alteration (Fee \$200)
- Rezoning (Fee \$500)
- Final Subdivision (Fee \$500)
- CUP Amendment or Transfer (Fee \$200)
- Time Extension on Approval (Fee \$100)

PROJECT INFORMATION (Please Print)

Project Address: _____ Zoning: _____

Parcel Number(s): _____

COMPLETE BELOW AS APPLICABLE (Please Print)

Proposed Use: _____ Proposed Zoning Classification: _____

Building Area: _____ Lot Acreage: _____

Number of Sublots: _____ Acreage in Sublots: _____ Acreage in Open Space: _____ Total Acreage: _____

Cul-De-Sac Length: _____ Sidewalks: Yes No

NAME AND ADDRESS OF APPLICANT: (Print Full Address)

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

APPLICANT SIGNATURE: _____ DATE: _____

NAME AND ADDRESS PROPERTY OWNER: (Authorization required if different than Applicant)

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Email Address: _____

The undersigned Owner agrees that the above person (Applicant) shall have, for the sole purpose(s) set forth herein, the full authority to act as an agent for the Property Owner and 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.

OWNER 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 01/2022 ALL OTHER VERSIONS ARE OBSOLETE)

Mentor Municipal Center, 8500 Civic Center Boulevard, Mentor, Ohio 44060-2499 www.cityofmentor.com

Department of Planning and Development \ Phone 440-974-5740 \ Email planning@cityofmentor.com

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TYPE OF REQUEST:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sign | <input type="checkbox"/> Transfer of Conditional Use Permit | <input type="checkbox"/> Informal Rezoning |
| <input type="checkbox"/> Road Vacation | <input type="checkbox"/> Time Extension | <input type="checkbox"/> Sidewalk Waiver |
| <input type="checkbox"/> Other _____ | | |

INFORMATION SUBMITTED:

_____ Cover Letter _____ Site Plan / Survey _____ Building / Sign Drawings
_____ Other _____

Comments:

NOTES: A total of 19 copies of the plans are required. **NO SHEET SHALL EXCEED 42" IN SIZE.** 16 Copies can be submitted as 11" x 17" if they are legible. The other three (3) sets are required to be full size. A digital copy of all plans and documents shall also be submitted. This can be either via email (10 MB maximum), DVD, flash drive or other means.

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

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

Questions can be directed to the Department of Planning and Development at (440) 974-5740.

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