



CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

Please Check Appropriate Box(es)

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

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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SUBDIVISION NAME: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Location Map (1" = 1000') | <input type="checkbox"/> Location of existing water bodies, streams, and drainage ditches and other important features. |
| <input type="checkbox"/> Name of Subdivision | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Name & Address of Developer | <input type="checkbox"/> Location of any Jurisdictional wetlands on the site as delineated by an expert acceptable to the U.S. Army Corps of Engineers |
| <input type="checkbox"/> Name of Surveyor / Engineer | <input type="checkbox"/> Location and Size of Existing Utilities (Sanitary Sewers, Water Mains and Storm Sewers) |
| <input type="checkbox"/> North Arrow, Scale and Date (Scale shall be 1" = 100') | <input type="checkbox"/> Preliminary proposal for sanitary sewers, water mains and collection & discharge of surface water |
| <input type="checkbox"/> Names of Adjoining Property Owners | <input type="checkbox"/> Tree management Plan indicating trees to be preserved. |
| <input type="checkbox"/> Current Zoning of Property & Adjacent Property | <input type="checkbox"/> Location, width, names and classification of all existing and proposed streets, right of ways, and easements (and their designated uses) |
| <input type="checkbox"/> Location & Dimensions of all boundary lines of property to be subdivided and of adjacent properties | <input type="checkbox"/> Proposed Street Names |
| <input type="checkbox"/> The approximate location, area and dimensions of all proposed lots | <input type="checkbox"/> Development Phasing (if applicable) |
| <input type="checkbox"/> 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. | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Indication of the proposed use of any lot other than residential | |
| <input type="checkbox"/> Lots shall be numbered consecutively and total number of lots and combined acreage indicated on the plat. | |
| <input type="checkbox"/> Trip Generation Study | |

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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