



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 checked="" type="checkbox"/> Rezoning (Fee \$500) |
| <input 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

O:\plng\Applications and Permits\Planning Applications\2022\Rezoning Application.doc



CITY OF MENTOR PLANNING COMMISSION APPLICATION INFORMATION

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

Data:

- | | |
|--|--|
| _____ Letter Addressing the City Engineer's Comments per the informal review | _____ Proposed assignment of use and subdivision of land including private land and common land. |
| _____ Name of Development | _____ Preliminary plans of all structural types. |
| _____ Name & Address of Developer and Owner (If Different) | _____ A tree management plan showing the location, size and species of existing trees of at least five (5) inches in caliper measured fifty-four (54) inches above the ground to be preserved and preliminary drawings showing proposed landscape treatment. |
| _____ North Arrow, Date and Number of Sheets | _____ Deed restriction and protective covenants. |
| _____ Scale 1" = 50' or Larger | _____ A schedule for construction and cost estimates. |
| _____ Existing topography at 2' contour intervals of the property to be rezoned and extending at least 300' outside of the proposed site, including property lines, easements, street right-of-way, existing structures, trees and landscaping features existing thereon | _____ Regional location map. |
| _____ The proposed vehicular and pedestrian traffic patterns. | _____ Population impact evaluation. |
| _____ Size, Location & Type of Vehicular Ingress & Egress for Site & Existing Drives Adjacent within 50' of the Site | _____ Market Report. |
| _____ The location of all existing and all proposed structures. | _____ Traffic impact evaluation. |
| | _____ Utilities impact evaluation. |
| | _____ Drainage impact evaluation. |
| | _____ Such other relevant information the Planning Commission may require |

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.

REVISION 01/2022 ALL OTHER VERSIONS ARE OBSOLETE)