



# CITY OF MENTOR ZONING VERIFICATION REQUEST FORM

Please Check Appropriate Box(es)

Single Tenant Building (Fee \$50)

Multi-Tenant Building (Fee \$100)

Single Family Residential (Fee \$50)

Multi Family Residential (Fee \$100)

The purpose of a zoning verification letter is to provide information as to the existing zoning of the subject property, compliance of existing or proposed uses, open code violations, and whether a valid certificate of occupancy is in place for said property. Please provide the location, appropriate contact, and a detailed description of the requested information. Allow up to 10 days for processing. For questions, please contact the Planning & Development Dept. at (440) 974-5740.

### PROPERTY INFORMATION (Please Print)

Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Current Business Name(s) \_\_\_\_\_

### 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 OF PERSON THAT THE LETTER WILL BE ADDRESSED (if different from Applicant)

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DESCRIPTION OF INFORMATION REQUESTED

Zoning  Permitted Uses  Variances  Conditional Use Permits  Open Code Violations

Certificates of Occupancy  Site Plans (if available)  Building Plans (if available)

Other information (Please Describe) \_\_\_\_\_

\_\_\_\_\_

### Staff Use Only:

Fee Paid

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

(REVISION 1/2022 ALL OTHER VERSIONS ARE OBSOLETE)