

## CITY OF MENTOR DEPARTMENT OF PLANNING AND DEVELOPMENT PRE-REVIEW APPLICATION INFORMATION

PROJECT INFORMATION (Please Print)				
Project Address:	Z	Zoning:		
Parcel Number(s):				
Complete Below as Applicable (Please Print)				
Proposed Use:				
Building Area:	Lo	ot Acreage:		
Number of Sublots:	Acreage in Sublots:			
Acreage in Open Space or Village Green:	Proposed Zoning Classification:			
Name and Address of Applicant: (Print Full Address)				
Company Name:				
Contact Person:				
Street Address:				
City:	State:	Zip Code:		
Phone Number:	Fax Number:			
Email Address:				
APPLICANTS SIGNATURE:		DATE:		
Name and Address of Property Owner: (A	<del>-</del>	· · · · · · · · · · · · · · · · · ·		
Contact Person:				
Street Address:				
City:	State:	Zip Code:		
Phone Number:	Fax Number:			
Staff Use Only:				
Received By:				

(REVISION. 11/2018) ALL OTHER VERSION ARE OBSOLETE)

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## THE FOLLOWING ITEMS LISTED BELOW SHALL BE ADDRESSED AS PART OF THE APPLICATION:

Name of Development	 Location & Size of All Existing Utilities
 Name & Address of Developer (And Owner if Different)	 Preliminary Provisions for Storm Water Management
 North Arrow	 <ul> <li>Proposed Parking Lot Layout (include setback, entrances/exit drives &amp; existing drives on the same</li> </ul>
Scale 1" = 50' or Greater	& opposite side of the street within 50' of the site)
 _ Date	 Parking Analysis (number of parking spaces required & provided)
 Location & Acreage of Land Use	 Preliminary Building Elevations
Topographic Information at 2 Ft.) Intervals (Existing & Proposed	 _ Status of Existing Buildings on Site
Location, Name & Dimensions of Proposed Buildings with Setbacks	 Location of Existing Trees to Remain
 Location, Name & Dimensions of Existing Streets, Easements & Drainage Ways	 Preliminary Landscape & Buffer Plan

NOTES:

Four (4) copies of the plans are required. No sheet shall exceed 42" in size. Questions can be directed to the Planning & Development Department at (440) 974-5740 or (440) 942-8796 between 8:00 a.m. & 5:00 p.m.