

PLANNING AND ZONING COMMISSION
APPLICATION : (Type or PRINT CLEARLY in Black Ink)

CASE NO.:

PROPERTY ADDRESS: _____ PP# _____ ZONING DISTRICT _____

APPLICANT:
NAME: _____ COMPANY: _____
MAILING ADDRESS: _____
PHONE: _____ CELL: _____ FAX: _____
E-MAIL ADDRESS : _____ ID: _____

PROPERTY OWNER
NAME(S): _____
MAILING ADDRESS: _____
PHONE: _____ CELL: _____ FAX: _____
E-MAIL ADDRESS: _____

ACTION REQUESTED: _____

I, the undersigned applicant, have included the required ten (10) completed sets of Professional Quality documents with this application. I understand that the Building Commissioner reserves the right to refuse this application if found to be incomplete or improperly submitted, including, but not limited to, the attached application and drawings. I, or my authorized agent or representative, shall be present at the public meeting on the designated date as noted at the bottom of this application. I further understand that my failure to be present for the meeting at the date and time stated below may cause the case to be denied. Please call 216-587-9000 ten (10) days prior to meeting date to ensure that your case has been placed on the Planning & Zoning agenda.

_____ (Date) _____ (Applicant's Printed Name) _____ (Applicant's Signature)

OFFICE USE ONLY:

ZONING DISTRICT: _____ PLANNING _____ ZONING _____
APPLICABLE CODE(S) _____
CASE WORDING: _____

Next Scheduled Planning /Zoning Meeting:
_____ @ 6:30 p.m.
5353 Lee Road, Maple Heights, OH 44137

Approved for Meeting

_____ Date _____ Building Commissioner