



City of Mentor-on-the-Lake
 5860 Andrews Road, Mentor-on-the-Lake, OH 44060-2827
 Phone: (440) 257-7216 Fax: (440) 257-2766
 www.CityMOL.org

Permit # Z 20-_____

Date of Issue _____

Zoning Permit Application

Address and Project's Location on Lot: _____

Owner Name: _____

Contractor Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Estimated Cost of Improvement: \$ _____ ***Please Attach Appropriate Drawings for All Projects***

Type of Construction:

House Addition/Alterations Permanent Sign Fence- Type: _____

Detached Garage In-Ground Pool Temporary Sign Shed

Attached garage Above Ground Pool Sandwich Board Sign Other: _____

Signature of Applicant: _____ **Date:** _____

 ---FOR OFFICE USE ONLY---

ZONING INSPECTOR _____ Date: _____

Approved: _____ Denied: _____

Reason for Denial: _____

PLANNING AND ZONING COMMISSION _____ Date: _____

Approved: _____ Denied: _____

Reason for Denial: _____

BOARD OF ZONING APPEALS _____ Date: _____

Approved: _____ Denied: _____

Reason for Denial: _____

Total Zoning Deposit/Fees: \$ _____ Prior Inspection By: _____ Date: _____

Eng. Dep: \$ _____ R.B. Dep: \$ _____ Notes: _____

Zoning Fees: \$ _____ Receipt # _____ Completed Inspection By: _____ Date: _____

Parcel # _____ Notes: _____