



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** _____

Date of Issue _____

Zoning Permit Application

Address/Project Location: _____

Type of Permit Requesting: _____

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

*Large Projects require Certified Site Plans. Other permit projects require a drawing that includes the location, size, and dimensions.

Owner Name: _____

Contractor Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Signature of Applicant: _____

Date: _____

---FOR OFFICE USE ONLY---

Inspection Date: _____

Inspected by: _____

Notes: _____

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: \$ _____

Rcpt#: _____ Amt\$: _____ Date: _____

Parcel # _____

Rcpt#: _____ Amt\$: _____ Date: _____