



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: _____

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:** _____