



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/zoning-department/

Permit # Z _____

Date of Issue _____

Zoning Permit Application

Address/Project Location: _____

Type of Permit Requesting: _____

Estimated Cost of Improvement: \$ _____

*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---

Total Zoning Deposit/Fees: \$ _____ **Receipt#:** _____ **Amt:\$** _____ **Date:** _____

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: _____

Total Zoning Deposit/Fees: \$ _____ Rcpt#: _____ Amt\$: _____ Date: _____

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