



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

Fee: \$50.00

Paid: _____

Receipt: _____

LOT SPLIT REQUEST APPLICATION

Address of Lot to be Split: _____

Proposed Parcel Number: _____

Name: _____ Phone: _____

Mailing Address: _____

Signature

Date

Planning and Zoning Commission Meeting Date for Lot Split Proposal: _____

Notes/Requirements of Lot Split for Approval: _____

Approval of **Proposed** Lot Split: _____
Chairman Date

Once your proposed lot split is approved, bring the site plan to the zoning office for inspection approval.

Inspection Date: _____ Re-Inspection Date: _____

Does the Requested Lot Split Conform to the Requirements and Setbacks? Yes _____ No _____

If No, Explain: _____

This lot split conforms to the required specifications: _____
Service Director

Planning and Zoning Commission Meeting Date for Lot Split Request: _____

Final Approval: _____
Chairman Date

Confirmation of Completion Received by: _____
Date

(Attach any documents pertaining to the finalized Lot Split from Lake County)