

**CITY OF MENTOR-ON-THE-LAKE
ZONING PERMIT APPLICATION**

OWNER NAME _____ ADDRESS _____

CITY/ZIP _____ PHONE _____

TYPE OF CONSTRUCTION _____ LOCATION OF CONSTRUCTION _____

CONTRACTOR NAME _____ ADDRESS _____

CITY/ZIP _____ PHONE _____

FED ID OR SSN _____ ESTIMATED COST OF IMPROVEMENT _____

ATTACH APPROPRIATE DRAWINGS

SIGNATURE OF APPLICANT _____ DATE _____

* * * * * FOR OFFICE USE ONLY * * * * *

ZONING INSPECTOR DATE: _____

APPROVED _____ DENIED _____

BOARD OF ZONING APPEALS DATE: _____

APPROVED _____ DENIED _____

PLANNING AND ZONING COMMISSION DATE: _____

APPROVED _____ DENIED _____

PERMIT NUMBER _____ PERMIT DATE _____ ZONING FEES \$ _____

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> HOUSE | <input type="checkbox"/> ADDITION | <input type="checkbox"/> PERMANENT SIGN | <input type="checkbox"/> FENCE |
| <input type="checkbox"/> DETACHED GARAGE | <input type="checkbox"/> IN-GROUND POOL | <input type="checkbox"/> TEMPORARY SIGN | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ATTACHED GARAGE | <input type="checkbox"/> ABOVE GROUND POOL | <input type="checkbox"/> SHED | <input type="checkbox"/> _____ |

ROAD BOND \$ _____ ENGINEER DEPOSIT \$ _____ GRADE STAKE DEPOSIT \$ _____