



VILLAGE OF WOODMERE

27899 Chagrin Boulevard
Woodmere Village, OH 44122
Phone: 216.831.9511 ext 235 Fax: 216.292.7023

PLANNING & ZONING COMMISSION APPLICATION

APPLICANT: _____ DATE: _____

ADDRESS: _____ CITY/STATE: _____

Phone #: _____ Fax: _____ Email: _____

COMPANY NAME: _____

ADDRESS OF PROPERTY: _____

Zoning of Property: _____ Permanent Parcel #: _____ - _____ - _____

Proposed Occupancy Use: _____ Current Occupancy/Use: _____

Description of Proposed Project: _____

Description of the Request, also list Zoning Ordinance Section Number : _____

Submitted for Review:

- FLOOR PLANS SIGNAGE PLANS SAMPLES
- SITE PLANS PHOTOGRAPHS OTHER _____

OWNER _____ DATE: _____

OWNER'S ADDRESS: _____ CITY/STATE _____

Phone #: _____ Fax: _____ Email: _____

Owner's Authorization: _____ Date: _____

Applicant's Signature: _____ Date _____

THIS AREA IS FOR OFFICIAL USE ONLY

Building Official's Comments: _____
