



# VILLAGE OF WOODMERE

27899 Chagrin Boulevard  
Woodmere Village, OH 44122

Phone: 216.831.1234 ext 1233 Fax: 216.292.7023 ext 4109

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_