



VILLAGE OF WOODMERE

27899 Chagrin Boulevard
Woodmere Village, OH 44122
Phone: 216.831.1234 X1233 Fax: 216.292.4109

PLANNING & ZONING COMMISSION APPLICATION

APPLICANT: _____ DATE: _____

ADDRESS: _____

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:

- FLOORPLANS SIGNAGE PLANS SAMPLES
- SITEPLANS 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: _____
