

For Office Use Only

Date: _____

Permit #: _____

Receipt #: _____

Amount: _____

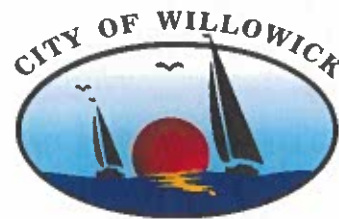
Issued By: _____

City Of Willowick

31230 Vine St. Willowick Oh 44095

Commercial Zoning Application

440-516-3000



Property Address: _____

Owners Name: _____

Phone No: _____

Owners Address: _____

City, State, Zip _____

Contractor: _____

Phone No: _____

Contractor Address: _____

City, State, Zip _____

Zoning District : Apartment District Industrial District Retail District Mixed Use District Multi Family District

<u>Zoning Review Structure</u>	<u>Zoning Review Accessory Structure</u>	<u>Zoning Review Misc.</u>
2 Sets construction drawings required	2 Sets construction drawings required	2 Site Plans Required
2 Site plans required	2 Site plans required	<input type="checkbox"/> A/C Unit (rear yard only)
<input type="checkbox"/> New Commercial Structure	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Generator (rear yard only)
<input type="checkbox"/> Addition	<input type="checkbox"/> Tool / Storage Shed > 120 sq. ft.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Gazebo	
<input type="checkbox"/> Exterior Alterations	<input type="checkbox"/> Deck	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Ramp	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	

Estimated Cost \$ _____

All commercial electrical, building, gas piping, hydronics and HVAC permits are to be obtained from the Lake County Building Department, 105 Main St., bldg. B, Second Floor, Painesville oh 44077. Phone # 440-350-2636.

I state that I am the owner/agent of the subject property, have read and understand the contents of this application; and that all information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.

Property Owners / Agent Signature _____

Date _____

Print Name _____

Office Use Only

Approved Date: _____

Denied Reason _____

Variance Needed Reviewed By: _____