

CITY OF EASTLAKE OHIO  
35150 LAKESHORE BLVD  
EASTLAKE, OHIO 44095

440-951-1416 EXT. 117 FAX: 440-975-4280

## PLANNING COMMISSION APPLICATION

DATE \_\_\_\_\_

**APPLICATION FEE: \$180.00**

**APPLICATION NUMBER** \_\_\_\_\_

FULL NAME OF BUSINESS OWNER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### LOCATION OF PROPERTY/DESCRIPTION OF WORK

BUSINESS OWNER \_\_\_\_\_

PLEASE CHECK ONE \_\_\_\_\_ LLC \_\_\_\_\_ CORPORATION \_\_\_\_\_ SOLE PROPRIETORSHIP

LOCATION OF PROPERTY \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_ DIVISION OF PROPERTY

\_\_\_\_\_ REZONING

\_\_\_\_\_ YARD APPROVAL

\_\_\_\_\_ NEW DEVELOPMENT

\_\_\_\_\_ NEW BUSINESS

\_\_\_\_\_ OTHER

\_\_\_\_\_ CONDITIONAL USE PERMIT (PLEASE EXPLAIN) \_\_\_\_\_

ZONING \_\_\_\_\_

IF ADDITIONAL NOTIFICATION REQUESTED – MAIL TO:

### FOR OFFICE USE ONLY

ZONED \_\_\_\_\_

VERIFIED \_\_\_\_\_

ACTIVITY REQUIRING CONDITIONAL USE PERMIT \_\_\_\_\_

ACTION

TAKEN \_\_\_\_\_