



Growth, Planning & Zoning Application

The Building Department
9543 Broadview Road • Broadview Heights, OH 44147
440-526-6864

Submittal requirements: 6 printed, 1 electronically. A set includes the application & supporting material

Type of Project

Anticipated Cost _____

- Minor Subdivision (3 & under) Major Subdivision (4 or 6 lots)
 Residential Development (create 6 or more lots / multi-family) Commercial Development
 Other Project _____

Anticipated Start Date: _____ Completion Date: _____

Subject Site

Property Address _____ Auditor Parcel Number(s) (APN/PPN) _____
City/State/Zip _____ Zoning District _____
Rezoning Request Needed Yes/ No If Yes Changed To _____

Property Owner

Name: _____ Cell/Phone _____
Address: _____ Email _____
City/State/Zip _____ Name of Business (if applicable) _____

Applicant (if same as owner just put "same as above")

Name: _____ Cell/Phone _____
Address: _____ Email _____
City/State/Zip _____ Name of Business (if applicable) _____

Employment Opportunity:

Number of Jobs: _____ After 5 yrs. _____ Estimate Payroll _____

General Overview of the Project and Proposed Facility

Description of the Facility

Chairman Signature: _____ Date: _____