



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

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## **Subject Site**

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

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## **Property Owner**

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

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

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

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## **Employment Opportunity:**

Number of Jobs: \_\_\_\_\_ After 5 yrs. \_\_\_\_\_ Estimate Payroll \_\_\_\_\_

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## **General Overview of the Project and Proposed Facility**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Description of the Facility**

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\_\_\_\_\_  
\_\_\_\_\_

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_