



# CITY OF MAYFIELD HEIGHTS

Building Department ~ 6154 Mayfield Road, Mayfield Heights, OH 44124

Phone: 440-442-2626, ext. 210 Fax: 440-442-7662

## APPLICATION FOR SITE PLAN/ENGINEERING APPROVAL

### **SUBMITTAL REQUIREMENTS:**

Four (4) sets of drawings must be submitted with this application.

**A \$1,000.00 plan review deposit is required at the time of submittal.** (The unused portion will be returned to the applicant after plans are approved. Excessive fees will be billed.)

<b>JOB ADDRESS:</b>	Mayfield Heights, OH 44124
JOB NAME:	
Bldg. Description (office building, store, house, etc.):	
<b>PROPERTY OWNER:</b>	_____
OWNER'S ADDRESS	_____
CITY, STATE, ZIP	_____ PHONE _____

### **\*JOB DESCRIPTION (Give a detailed description of the work to be performed) :**

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

**ENGINEER:** \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SURVEYOR:** \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

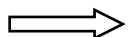
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTRACTOR:** if contractor has not yet been selected, leave blank to be filled in at a later date.

**COMPANY NAME:** \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



**APPLICATION SUBMITTED BY:**

NAME \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DESIGNER/APPLICANT'S EMAIL ADDRESS (**MUST BE PROVIDED**): \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

*Any questions regarding this submittal may be directed to:*

*Tom Jamieson, [tomjamieson@mayfieldheights.org](mailto:tomjamieson@mayfieldheights.org) – 440-442-2626, Ext. 209*

*Monica Ferrante, [monicaferrante@mayfieldheights.org](mailto:monicaferrante@mayfieldheights.org) - 440-442-2626, Ext. 210*

02/2021