APPLICATION TO THE SOLON PLANNING COMMISSION/CITY COUNCIL

This application must be completed and submitted along with the site plan and all other required documentation to the Department of Planning by the *Planning Commission Deadline Date* listed on the *Submittal Deadline and Meeting Date Schedule for the City of Solon*.

Property Address: _____ Parcel No.:_____

Property Owner: _____ Email:_____

Phone Number: _____

Company Representing Owner: _____

Contact Person: _____ Email: _____

Contact Address: _____ City_____State____ Zip_____

Phone Number: _____ Fax: _____

PLEASE NOTE: *If you have multiple parties who wish to be contacted regarding the status or be provided with reports and other information related to this application, you must provide their contact information on page 2.*

Project Type: (check all that apply)

☐ Variance ☐ Residential ☐ Commercial ☐ Office ☐ Industrial

☐ Institutional ☐ Lot Split and/or Consolidation ☐ Other _____

By signing below the applicant certifies that the information presented in this application is true and accurate. If the information is found to be inaccurate, this application may become null and void. The applicant also understands and agrees that City staff and agents of the City shall have reasonable access to the property in order to review the application and prepare any necessary reports.

Additionally, all applicants submitting for lot splits/consolidations and preliminary and final plat approval are hereby informed that Section 1242.02(d) of the Planning and Zoning Code for the City of Solon provides the Planning Commission with 180 days to approve, disapprove, or approve with modifications any application.

Variance and site plan approval shall expire one (1) year from the date of city approval thereof.

_____ _____

Signature of Owner/Applicant Date

LAND OWNER VARIANCE AUTHORIZATION

If variances are required, and the application is being submitted and presented on behalf of the land owner, the following must be completed by the land owner:

By signing below I/we, _____, the owner(s) of land located at the address/parcel number(s) _____ , authorize _____ to act on my/our behalf at the meetings of Planning Commission and City Council for the proposed variance(s).

_____

Signature of land owner(s)

Additional Contacts

Contact Person: ______________________________ Email: __________________________________

Contact Address: ____________________________City________________State____ Zip_________

Phone Number: _______________________________ Fax: __________________________________

Contact Person: ______________________________ Email: __________________________________

Contact Address: ____________________________City________________State____ Zip_________

Phone Number: _______________________________ Fax: __________________________________

Contact Person: ______________________________ Email: __________________________________

Contact Address: ____________________________City________________State____ Zip_________

Phone Number: _______________________________ Fax: __________________________________

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Phone Number: _______________________________ Fax: __________________________________

Contact Person: ______________________________ Email: __________________________________

Contact Address: ____________________________City________________State____ Zip_________

Phone Number: _______________________________ Fax: __________________________________

Contact Person: ______________________________ Email: __________________________________

Contact Address: ____________________________City________________State____ Zip_________

Phone Number: _______________________________ Fax: __________________________________