

CITY OF SHAKER HEIGHTS

3400 LEE ROAD

SHAKER HEIGHTS, OH 44120

Property Address: _____ Zip Code: _____ Receipt No: _____

Property Owner: _____ Phone No: _____

Property Owner's Address (if different): _____

City: _____ State: _____ Zip: _____

Name of Applicant: _____ Phone No: _____

Address of Applicant: _____ Fax No: _____

City: _____ State: _____ Zip: _____

Brief description of work to be done: _____

Square footage of addition: _____

Name of person(s) who will represent this submission before the board: _____

E-Mail Address: _____

PROJECT INFORMATION

INFORMATION ACCOMPANYING THIS APPLICATION

- Site Plan
- Floor Plan(s)
- Foundation Plan(s)
- Elevation(s)
- Cross Section(s) & Construction Details
- Color Photographs
- Material Samples/Manufacturer's Literature
- Fee

PLANS SUBMITTED FOR:

- Initial Submission
- Resubmission
- Preliminary Review
- Staff Review

All submissions must be complete and accurate at the time of application. When plans are submitted, ABR staff will inform the applicant of the meeting date and time. Someone qualified to discuss the project must be present at the meeting. The Board will not consider any submission without a representative present.

SIGNATURE | DATE

ZONING REVIEW

- Approved
- Not Approved
- Not Req'd

SIGNATURE DATE

COMMENTS

SHAKER SQUARE HISTORIC DISTRICT
DESIGN REVIEW BOARD

- Approved
- Not Approved
- Not Req'd

SIGNATURE

DATE

SHAKER HEIGHTS LANDMARK COMMISSION

- Approved
- Not Approved
- Not Req'd

SIGNATURE

DATE