

PROJECT PROPOSAL FORM

City of Cleveland Heights

Form available on the Department of Planning & Development webpage:

<https://www.clevelandheights.gov/183/Planning-and-Development>



In order to help the Department of Planning & Development assist you with your proposal or project and the approval process, please complete this Project Proposal Form (PPF) with as much information as possible. Please allow a minimum of ten (10) business days from time of submission for staff review. Submit completed form electronically to planning@clevelandheights.gov.

Applicant Information

Name:

Address:

Phone:

Email:

Property Owner Information (if different than above)

Name:

Address:

Phone:

Email:

Property of Interest

Address:

Describe the existing use at the site (e.g., retail, office, restaurant, warehouse, vacant, etc.):

Development Proposal – What are you trying to do?

Description of proposed project or proposal. Please be as specific as possible. Please attach any additional information, description, photos, etc. as needed to explain the proposal to the back of this form as needed.

Will there be any exterior work completed (e.g., parking lot, building façade, sidewalk, drainage, signage, etc.)? Will there be any interior work completed? Is there any construction proposed, such as demolition or new construction?

Will the project create additional impervious surface area? An impervious surface is one that does not permit the passage of water (e.g., parking lots, sidewalks, rooftops, etc.)

Is any parking currently provided on-site? If so, how many spaces?

Have you reviewed the Zoning regulations relevant to the site and proposal yet?

Have you coordinated with the Building Department on any existing or previous building permits and/or Certificates of Occupancy (CO)? Have you reviewed the Building, Fire, and Housing codes for your proposal?

Have you coordinated with the Housing & Inspections Department on any open code violations?

Applicant, if other than Owner (print name) _____ Date: _____

Applicant, if other than Owner (signature) _____ Date: _____

SPACE BELOW IS FOR OFFICE USE ONLY

DATE RECEIVED:

STAFF VERIFICATION

Section, Block, Lot:

Zoning District:

Landmark/Historic Status:

Total lot size (sq. ft.):

Building footprint (sq. ft.):

Approved existing use:

Proposed use:

☐ Permitted

☐ Conditionally Permitted

☐ Not Permitted

Approvals necessary based upon review:

Reviewed by:

NOTES: