



### Type of application

- Standard   
  Staff approval   
  Hearing Examiner   
  Plan Revision   
  Amended   
  Reapplication  
 Rezoning   
  Conditional Use Permit   
  Variance   
  Ordinance Amendment  
 Preliminary Development Plan   
  Interim Use Permit   
  Comprehensive Plan Amendment   
  Subdivision  
 Final Development Plan   
  Final Site and Building Plan   
  Other Airport Zoning Permit

### Site location Additional addresses on back Legal description attached

Property address: **8001 28th Avenue S.**      Common name: \_\_\_\_\_

Business address: \_\_\_\_\_

PIN: **0102724140015**      Lot: **1**      Block: **2**      Plat name: **28th Avenue LRT Station**

### Proposal Full documentation must accompany application

Minor revision to final development plan related to hotel room count. Request for an Airport Zoning Permit.

### Complete all applicable sections -- Select only ONE person as primary contact

#### Fee property owner

<input checked="" type="checkbox"/> <b>Primary contact</b>	Owner name per property title David Crisafi		E-mail david.crisafi@ceresdev	
	Mailing address 835 Sharon Drive, Suite 400	City Westlake	State OH	Zip 44145
	Business address	City	State	Zip
	Daytime phone (440) 617-9385	Cell phone (216) 403-4754	FAX (440) 617-9388	
	David Crisafi <i>Typed/printed name</i>		[Signature] <i>Signature</i>	

#### User/occupant

<input type="checkbox"/> <b>Primary contact</b>	Business name/name Cambria Suites and Hotel		E-mail david.crisafi@ceresdev	
	Mailing address 835 Sharon Drive, Suite 400	City Westlake	State OH	Zip 44145
	Business address	City	State	Zip
	Daytime phone (440) 617-9385	Cell phone (216) 403-4754	FAX (440) 617-9388	
	David Crisafi <i>Typed/printed name</i>		[Signature] <i>Signature</i>	

**NOTE: Applications only accepted with ALL required support documents. See Instructions.**

#### Deadline for agency action

60 Days: \_\_\_\_\_ 120 Days: \_\_\_\_\_  
Planner: \_\_\_\_\_ DRC: \_\_\_\_\_

#### Shaded areas are for office use only

Received:	Date	By
Reviewed:	Date	By <input type="checkbox"/> PC <input type="checkbox"/> CC <input type="checkbox"/> HE
Fee paid:	Date	\$
<input type="checkbox"/> Admin. approval:	Date	By
		<input type="checkbox"/> Comm. Dev't Dir. <input type="checkbox"/> Planning Div. Manager
		<input type="checkbox"/> Other