

**AGENDA
PLANNING COMMISSION
AUGUST 1, 2019
LAKEWOOD CITY HALL**

**PRE-REVIEW MEETING
6:30 P.M.
AUDITORIUM**

Review docket items

**REGULAR MEETING
7:00 P.M.
AUDITORIUM**

1. Roll Call
2. Approve the Minutes of the July 2, 2019 meeting
3. Opening Remarks

OLD BUSINESS

PLANNED DEVELOPMENT

4. **Docket No. 02-03-19
13701 and 13901 Detroit Avenue and 1406 Wyandotte Avenue
Detroit and Bunts Market Rate Apartments**

Jerome Solove, Jerome Solove, Development, Inc., applicant requests the review and approval of a planned development consisting of two mid-rise apartment buildings and one parking garage on 2.12 acres, pursuant to section 1156 – planned development. The property is in a C3 - Commercial, General Business district. (Page 4)

CONDITIONAL USE

5. **Docket No. 03-06-19
16000 Detroit Avenue and 15801 Detroit Avenue
Market Rate Apartments**

Jerome Solove, Jerome Solove, Development, Inc., applicant requests the review and approval of a mixed-use development consisting of approximately 150 market rate, three-story apartments and parking on approximately 2.4 acres, located on the north and south sides of Detroit Avenue between Rosewood and Cranford Avenues, pursuant to section 1135 – mixed use overlay. The property is in a C3 – Commercial, General Business district. (Page 7)

LOT SPLIT/CONSOLIDATION

6. **Docket No. 07-17-19
17882 Lake Road
The Clifton Club**

Kathleen M Stringer, The Clifton Club, applicant requests a lot split and consolidation (PPN 311-04-011 and PPN 311-04-012), pursuant to section 1155.06 – procedures for lot consolidation and resubdivisions. The property is in a R1L – Single Family, Low Density district. (Page 9)

***The applicant has requested a deferral from the August meeting.**

**NEW BUSINESS
CONDITIONAL USE**

- 7. Docket No. 08-19-19
13619 Detroit Avenue
Toni's Pizza Shop**

Toni Ghazzoul, Toni's Pizza Shop, applicant requests the review and approval for a business to be open from 12:00 A.M. to 4:00 A.M. each day of the week, pursuant to section 1129.16 - supplemental regulations for extended business hours of operation. The property is in a C3 - Commercial and General Business district. (Page 11)

- 8. Docket No. 08-20-19
13430 Madison Avenue
Alliant Treatment Center**

Ada and John Nworie, Alliant, applicants request to change the use of a property from a funeral home services to a residential treatment facility for substance abusers, pursuant to section 1129.02 - principal and conditional permitted uses. Property is in a C2, Commercial and Retail district. (Page 14)

- 9. Docket No. 08-21-19
1427 Parkwood Road
Jerome Solove Development Inc.**

Jerome Solove, Jerome Solove Development Inc., applicant requests the review and approval of conditional use for parking to support a mixed-use development, pursuant to section. The property is in an R1H - Single Family and High-Density district. (Page 27)

LOT CONSOLIDATION

- 10. Docket No. 08-22-19
13701 and 13901 Detroit Avenue and 1406 Wyandotte Avenue
Detroit and Bunts Market Rate Apartments**

Jerome Solove, Jerome Solove, Development, Inc., applicant request the review and approval of a lot consolidation of the southeast corner of Detroit Avenue and Parkwood Road, PPN 315-01-101, 315-01-102, 315-01-036, 315-01-069, and 315-01-070, pursuant to section 1155.06 - procedures for lot consolidations and resubdivisions. The property is in a C3 - Commercial, General Business district. (Page 34)

- 11. Docket No. 08-23-19
14519 Detroit Avenue
One Lakewood Place**

George Papandreas, Carnegie Management and Development Corp., applicant request the review and approval of a lot consolidation for PPN 314-07-007, 314-07-008, 314-07-009, 314-07-010, 314-07-011, 314-07-012, 314-07-013, 314-07-014, 314-07-017, 314-07-033, 314-07-034, 314-07-035, 314-07-036, 314-07-037, 314-07-038, 314-07-039, and 314-07-145, pursuant to section 1155.06 - procedures of lot consolidations and resubdivisions. Property located in a C2 - Commercial and Retail district. (Page 42)

- 12. Docket No. 08-24-19
12700 Lake Avenue
12700 Lake Avenue Condominium Association**

Edward Seligman, Lake Avenue Condominium Association, applicant requests the review and approval of a lot consolidation for PPN 312-09-017, pursuant to section 1155.06 - procedures of lot consolidations and resubdivisions. Property located in a C2 - Commercial and Retail district. (Page 45)

COMMUNICATION

13. Docket No. 08-25-19

**12650 Detroit Avenue
Resiliency Task Force**

This communication from the Department of Planning and Development regarding the Resiliency Task Force is intended to update the Commission on the work of the Task Force so far to review City policies and programs, an update on the Task Force's public engagement efforts, and an introduction to the work anticipated for the rest of the year. The Task Force is currently reviewing the *Community Vision* master plan and will propose updates for the Commission's review later in the year. (Page 51)

ADJOURN

PC19-000003

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PL19-002472
DOCKET No. 02-03-19
FEE PAID \$500.00 js check

APPLICATION

LAKEWOOD PLANNING COMMISSION

Property Address 1406 Wyandotte Ave. 13701 & 13901 Detroit Avenue Business/Tenant Name N/A

Property Owner Name Stavash Family LLC / Lakewood Chrysler Plymouth Inc. Owner Phone 440-452-8765 / 216-403-2712

Owner E-mail smcdermott1490@gmail.com / cshuster@spitzer.com Zoning C3 & R1H Parcel Number 31501101, 31501070, 31501069, 31501102, 31501036

Project Summary See attached

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
- Parking Plan Review – (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Jerome Solove Company Jerome Solove Development, Inc.

Applicant Address: 470 Olde Worthington Road, Suite 200 Westerville, OH 43082

Phone: 614-410-6734 Fax: 866-218-6067 E-mail: jsolove@solove.com

Signature: [Handwritten Signature] Date: 1/22/2019

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 1/23/19

File History: _____

Bldg. Dept. Remarks: _____

ORD. 17-17 SECTION 1156

4

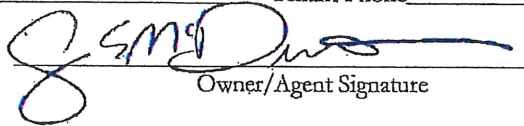
AUTHORIZATION FOR PROPERTY ACCESS

(In signing this application,) I authorize members of the City's Building Department and Planning and Development Department access to my property for the limited purposes of photographing and verifying location and dimension of the area affected by my Planning Commission applications and requests. A landlord of a single tenant structure must provide the written consent of the tenant. The City employee will, in case of one, two or three tenant structure, attempt to notify those residing on the property immediately prior to coming onto the property. In the case of a multi-tenant structure, the City employee will notify the building manager.

Any dog(s) on property? _____ Yes No

Please Print or Type:

Owner/Agent Name: Stavash Family LLC. Sean McDermott and Bill Craighead
 Property Address: 13701 & 1406 Wyandotte Aveune
 Owner/Agent Phone: 440-452-8765 / 216-773-0326
 Tenant Name Educators Music Tenant Phone 216-272-2548


 Owner/Agent Signature

**2019 Calendar
 Planning Commission**

Month	Application Deadline		Pre-Review Meeting		Review Meeting	
January	Wednesday	12-19-18	Thursday	01-03-19	Thursday	01-03-19
February	Wednesday	01-23-19	Thursday	02-07-19	Thursday	02-07-19
March	Wednesday	02-20-19	Thursday	03-07-19	Thursday	03-07-19
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December	Wednesday	11-20-19	Thursday	12-05-19	Thursday	12-05-19
January	Wednesday	12-18-19	Thursday	01-02-20	Thursday	01-02-20

PLEASE NOTE: Applications are submitted to the Department of Planning and Development and are due before **noon** on the above indicated dates. It is recommended to submit them **prior** to the application deadline for review of completeness. **Late or incomplete applications cannot be accepted.**

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Review Meetings start at **7:00 P.M.** in the **Auditorium** at Lakewood City Hall, 12650 Detroit Avenue unless otherwise indicated. Applicants (or representative as designated in writing to the Secretary of the Board) **MUST** attend the review meeting for an application to receive review. Use the rear northeast entrance to the Auditorium.

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Any dog(s) on property? _____ Yes No

Please Print or Type:

Owner/Agent Name: Cathy Schuster / Lakewood Chrysler Plymouth Inc Agent

Property Address: 13901 Detroit Avenue Lakewood, OH 44107

Owner/Agent Phone: 216-403-2712

Tenant Name N/A Tenant Phone N/A

Catherine V. Schuster
Owner/Agent Signature

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Planning Commission**

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Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PL19-002496
DOCKET No. 03-06-19
FEE PAID \$150.00 js check

APPLICATION

LAKEWOOD PLANNING COMMISSION

Property Address 15801 Detroit 16000 Detroit Ave Business/Tenant Name Steve Barry Buick
Property Owner Name Fairlane Realty Company Inc Owner Phone 440-532-0453
Owner E-mail Stevebarr@stevebarrbuick.com Zoning C-3 Parcel Number See summary
Project Summary See attached

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division - (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split - (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development - (\$500)
- Similar Use - (Commercial \$50, Residential \$25)
- Conditional Use - (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance - (Commercial \$50, Residential \$25)
- Parking Plan Review - (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Jerome Solove Company JSDI
Applicant Address: 470 Olde Worthington Rd, Suite 200. Westerville, OH 43082
Phone: 614-410-6734 Fax: 866-218-6067 E-mail: jsolove@solove.com
Signature: [Handwritten Signature] Date: 2-19-19

OFFICE USE ONLY: Application Reviewed and Accepted by: _____ Date: _____

File History: _____

Bldg. Dept. Remarks: _____

ORD. 17-13 SECTION 1135

7

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Any dog(s) on property? _____ Yes _____ No

Please Print or Type:

Fairlane Realty Company Inc / Steve Barry

Owner/Agent Name:

16000 Detroit Ave

Property Address:

440-532-0453

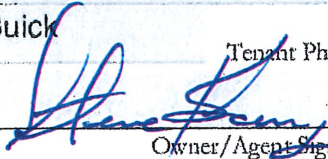
Owner/Agent Phone:

Steve Barry Buick

440-532-0453

Tenant Name

Tenant Phone


Owner/Agent Signature

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Planning Commission**

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Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000006
DOCKET No. 07-17-19
FEE PAID \$200.00 js check

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 17882 Lake Road Business/Tenant Name Sarah + Chris van Raatten
Property Owner Name 17882 Lake Rd LLC Owner Phone 216-521-3051 # 101
Owner E-mail Kathy.s@cliftonclub.com Zoning Rsd+1 Parcel Number 311-04-011
Project Summary lot split of parcel 311-04-011 to consolidate to
parcel # 311-04-012

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division - (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split - (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development - (\$500)
- Similar Use - (Commercial \$50, Residential \$25)
- Conditional Use - (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
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3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Kathleen M. Stringer Company The Clifton Club
Applicant Address: 17884 Lake Road Lakewood, Ohio 44107
Phone: 216-521-3051 Fax: 216-521-7415 E-mail: Kathy.s@cliftonclub.com
Signature: [Signature] Date: 6-14-19

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 6/19/19

File History: _____
Bldg. Dept. Remarks: _____


ORD. 24.98 SECTION 1155.06

AUTHORIZATION FOR PROPERTY ACCESS

(In signing this application,) I authorize members of the City's Building Department and Planning and Development Department access to my property for the limited purposes of photographing and verifying location and dimension of the area affected by my Planning Commission applications and requests. A landlord of a single tenant structure must provide the written consent of the tenant. The City employee will, in case of one, two or three tenant structure, attempt to notify those residing on the property immediately prior to coming onto the property. In the case of a multi-tenant structure, the City employee will notify the building manager.

Any dog(s) on property? Yes No

Please Print or Type:

Owner/Agent Name: Kathleen M. Stringer/17882 Lake Rd LLC
 Property Address: 17882 Lake Rd. Lakewood Ohio 44109
 Owner/Agent Phone: 216-521-3051 ext 101
 Tenant Name Chris & Sarah Van Laarhen Tenant Phone (843) 697-0937

 Owner/Agent Signature

**2019 Calendar
Planning Commission**

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Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000010
DOCKET No. 08-19-19
FEE PAID _____

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 13619 DETROIT AVE Business/Tenant Name TONI GHAZZOUL
Property Owner Name DIMITRIOS GIOUNTIS Owner Phone 216-526-2437
Owner E-mail JGOUNTIS@GMAIL.COM Zoning _____ Parcel Number _____
Project Summary Application to be open from 12:00 AM to 4:00 AM for
Each day

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
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4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): TONI GHAZZOUL Company TONI'S PIZZA SHOP
Applicant Address: 13619 DETROIT AVE
Phone: 216-421-4025 Fax: _____ E-mail: TONIGHAZZOUL@YAHOO.COM
Signature: [Signature] Date: 7/3/18

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 7/19/2019

File History: _____
Bldg. Dept. Remarks: _____

ORD. 124-05 SECTION 1129.16

AUTHORIZATION FOR PROPERTY ACCESS

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Any dog(s) on property? _____ Yes X No

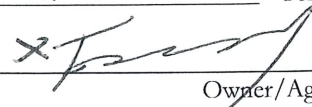
Please Print or Type:

Owner/Agent Name: Toni GHAZZOUL

Property Address: 13614 DETROIT AVE, LAKEWOOD, OHIO 44107

Owner/Agent Phone: _____

Tenant Name Toni GHAZZOUL Tenant Phone 216-421-4025


Owner/Agent Signature

2019 Calendar Planning Commission

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6/29/19

City Of Lakewood
Building Department
12650 Detroit Ave.
Lakewood, OH 44107

To whom it may concern,

I Dimitrios Gountis owner of the property at 13619 Detroit Ave. give my authorization to Toni E. Ghazzoul and Albestan LLC to operate his business between the hours of 9:00AM-4AM everyday. If you have any questions or concerns please contact me.

SINCERELY,

A handwritten signature in black ink, appearing to read 'Dimitrios I Gountis', written over a horizontal line.

DIMITRIOS I GOUNTIS

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000011
DOCKET No. 08-20-19
FEE PAID _____

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 13430 Madison Business/Tenant Name N/A
Property Owner Name Charles Stone/Lou Barber Owner Phone (440) 899-0000
Owner E-mail N/A Special Use C2
Zoning (funeral home) Parcel Number 315-16-009

Project Summary To change use of property from Funeral Home Services to a residential treatment facility for substance abusers.

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
- Parking Plan Review – (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Ada and John Nworie Company ALLIANT TREATMENT CENTER

Applicant Address: 11801 CLIFTON BLVD, UPSTAIRS, LAKEWOOD, OH 44102

Phone: (216)801-4625 Fax: (216)712-6958 E-mail: ada@alliantrehab.com

Signature: [Signature] Date: 07/17/2019

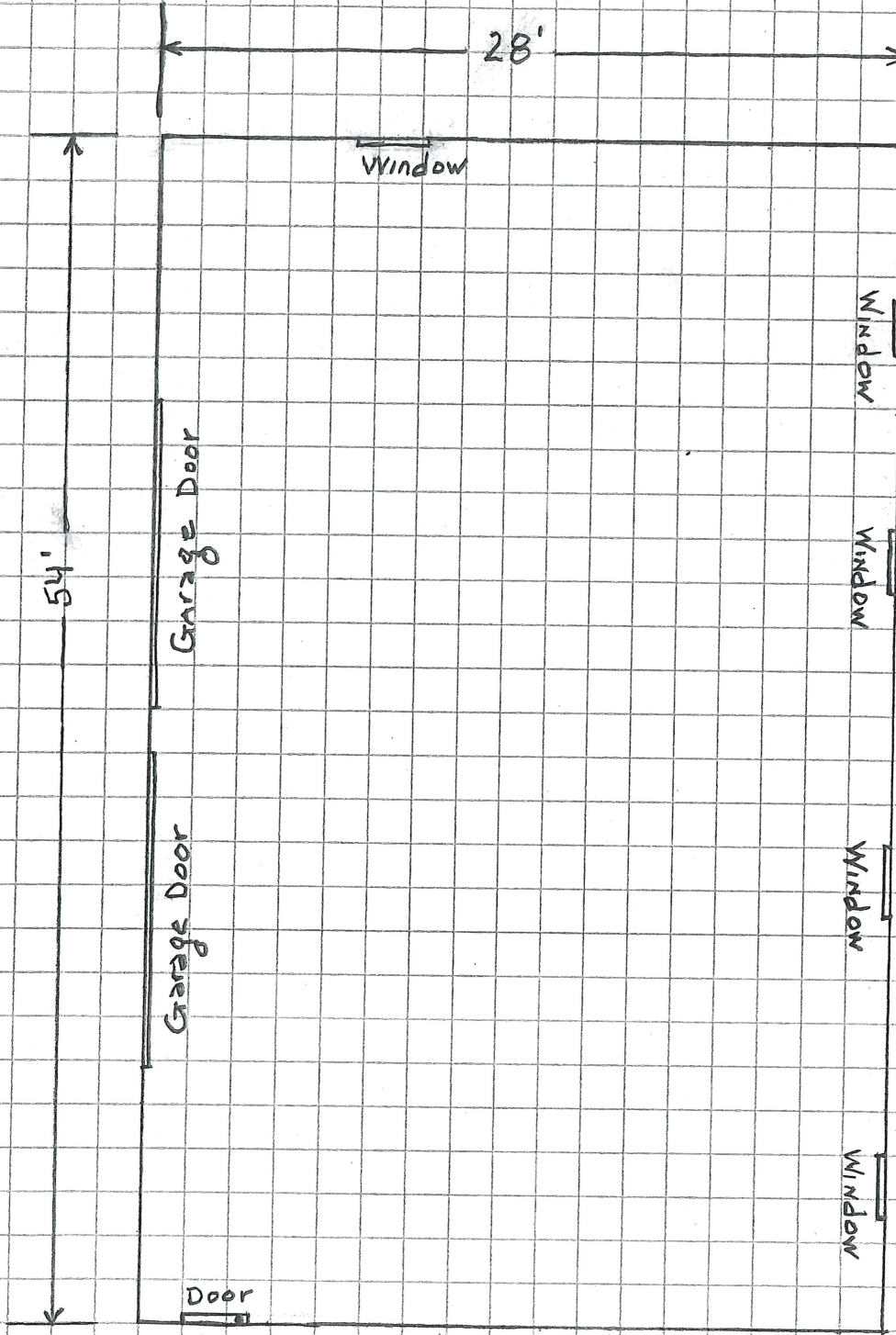
OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 7/19/2019

File History: _____

Bldg. Dept. Remarks: _____

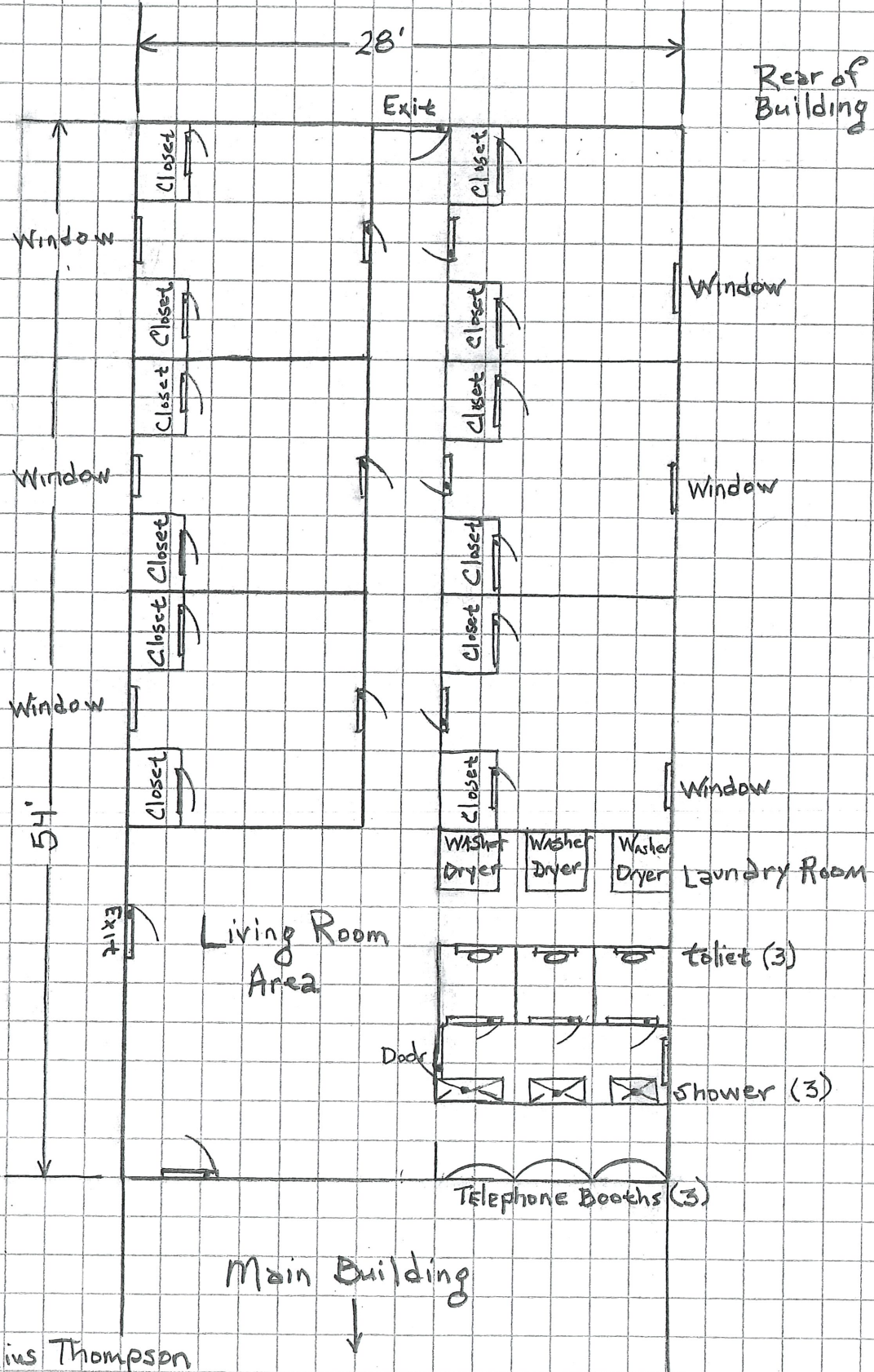
ORD. 31-17 SECTION 1129.02

Existing Garage Building
Before Changes



Each square represents (2) two Feet
Bedrooms 12' X 12' each - Two (2) people per room

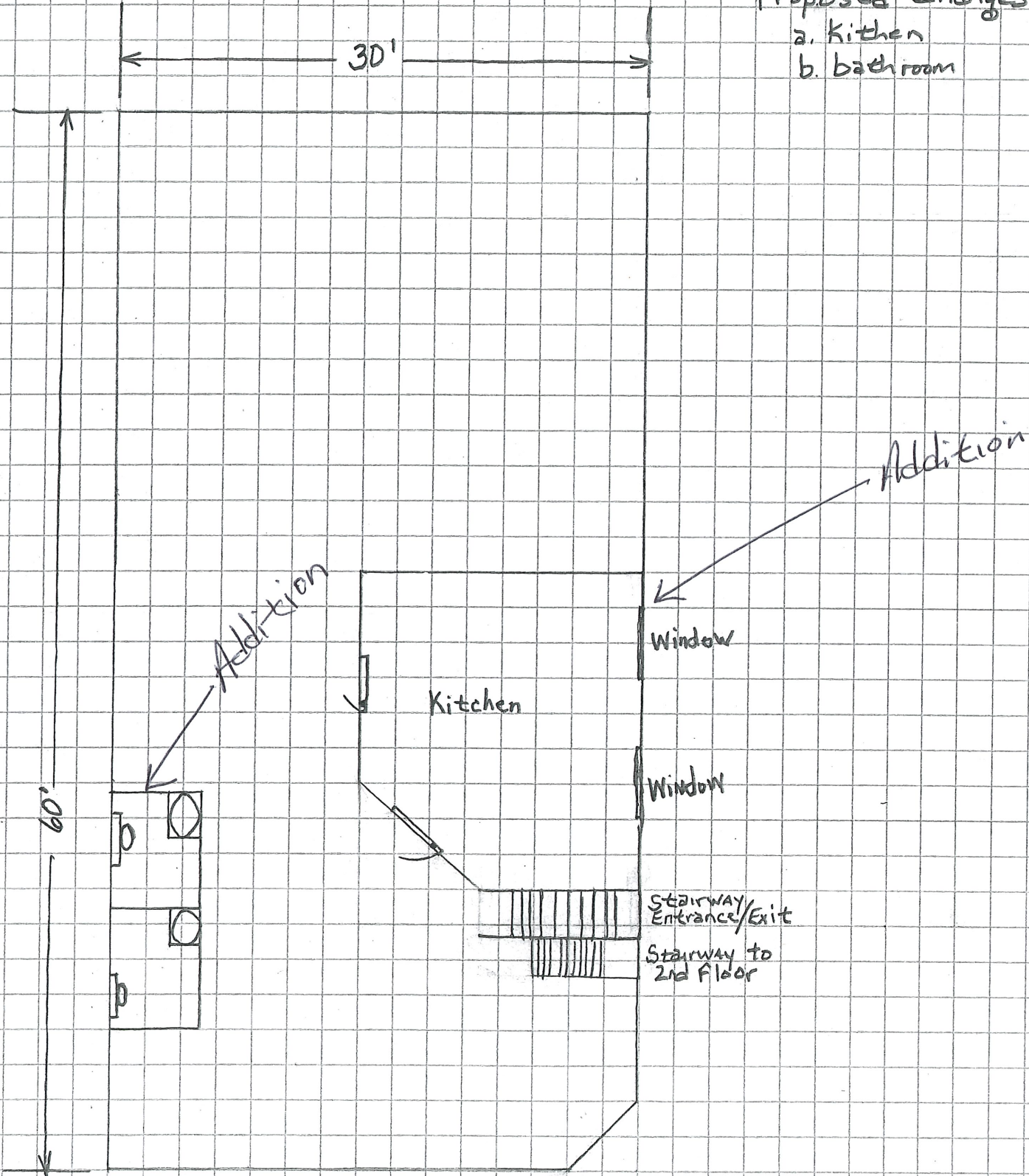
Drawing of Redesigned Garage - After Changes



Drawing By: Julius Thompson

Main Building 1st Floor

Proposed Changes
a. Kitchen
b. bathroom



Drawing By: Julius Thompson

Alliant Treatment Center

Bullet Description of Proposed Alcohol and Drug Treatment Program 13430 Madison Avenue, Lakewood, Ohio 44107

Population

1. The proposed alcohol and drug treatment program is designed and aimed at providing alcohol and drug treatment for males and females 18 years of age and up.
 - Between 14 and 16 males and 10 to 12 females may receive treatment at any given time in the proposed treatment facility in separate building facilities. There are separate housing units for each gender. In addition, Alliant Treatment Center also proposes to have a sober living house toward the rear of the campus. A maximum of six males could potentially reside in that unit at any given time.

Facility

The proposed property is a well kept parcel of land that was formerly a funeral home, business office, and residence for several individual living on the property. It consists of three separate buildings. Males will receive treatment services in one building, females will receive treatment in a second building, and sober living and continued outpatient treatment will be provided for individuals living in the third building. This campus provides an excellent opportunity (all in one location) for individuals to receive the full continuum of treatment services needed to function best after becoming addicted to alcohol and other drugs.

- a) There are several changes proposed to be made to the current structure of the proposed facility.
 - a) The garage will be transformed into six bedrooms units, with bathroom facilities, and a lounge area (See drawing);
 - b) A full kitchen will be added to the main floor of the main building (See drawing).

Referrals and Treatment

2. Only individuals seeking treatment to refrain from use of alcohol, illicit drugs such as heroin, cocaine, methamphetamines, and other legal and illegal substances will be accepted into the program.

3. Referrals for treatment will come from the local hospitals in the area, detoxification centers, courts, probation officers, other treatment facilities, and self-referrals.
4. At all times, a minimum of three beds will be dedicated specifically for citizens of Lakewood, Ohio and treatment services may be provided to those individuals on a sliding fee scale based upon current Federal Poverty Guidelines.
5. Cuyahoga County criminal background checks of all individuals will be completed before or upon entry to the treatment program. Individuals with a recent violent legal charge MAY not be allowed to participate in the treatment program. Some of these charges include sexual predators, and other extreme violent crimes.
6. All participants will be required to complete a comprehensive biopsychosocial assessment to determine a client's psychological fit for participation in a treatment program.
7. All participants will be required to complete or provide documentation of having completed a recent physical medical examination (within 12 months) performed by a medical professional from a facility such as Metropolitan Hospital, Lutheran Hospital, and/or Cleveland Clinic to ensure all residents are medically healthy enough to participate in and successfully complete a 30 day inpatient treatment program.
8. Medication will not be prescribed on the premises; however, medications already prescribed for participants will be kept in a secure locked room specifically designed to ensure all medications are accounted for and monitored. Medication use will be supervised by trained agency staff members. Trained staff members will only be responsible for custody of medications and monitor each client's use of their medications.
9. While in treatment individuals will participate in a minimum of six hours of daily structured counseling groups, one hour of daily individual counseling, and approximately two hours daily participants will attend Alcoholics' Anonymous meetings in the surrounding community. Weekend activities are also structured with very similar activities but residents are provided one hour of free time to visit with loved ones as this too is a very important part of treatment and recovery.

10. While in the facility all participants will be supervised 24 hours daily seven days weekly, including holidays by a minimum of two treatment staff members. At all times participants will be accompanied and supervised by a treatment staff member in each housing unit and in the community. Scheduled and random urine analysis will be performed to ensure there is no continued substance abuse while in treatment. At no time during treatment will residents have unsupervised contact with anyone in the surrounding community. There will be absolutely no loitering in or around the building, nor standing outside the building or in the community.
11. This is not a mandatory treatment facility. Participants may request to be discharged from the program at any time during their treatment episode. On the other hand, a participant may be discharged at any time for breaking rules, endangering others, or for other serious agency violations. Whenever a participant leaves treatment, assistance will be provided in getting them to their homes or assistance in getting them to their destination of choice. At no time will a discharged client be allowed to hang around the facility or in the nearby community.
12. Lodging and food (three meals per day and snacks) will be provided for all participants while in the treatment program. Those who are prescribed special diets will be provided the proper meal choices at all meals.
13. Participants who have medical issues and concerns will be accompanied and transported to and from all medical appointments in the community. At no time will participants be unaccompanied while in the community.

Community

14. While participating in community activities every participant will be accompanied at all times by a minimum of one treatment staff member.
15. All emergencies will be initially handled by staff members on duty; however, if medical and/or physical restraint is needed a nearby hospital and/or the local police department may be contacted immediately.
16. The treatment facility is a “non-smoking facility”, however, a designated smoking area will be located on the grounds of the property outside the building at a reasonable distance away from the facility.

17. Participants may stay up to 30 days for treatment before being referred and discharged to continued treatment at an outpatient three-month follow-up treatment program such as an Intensive Outpatient Treatment Program, Sober Living Facility, or to their own homes. At no time will a homeless participant be released to the streets. If approved sober living options may be provided by Alliant Treatment Center. If space is not available homeless resident's discharge will be coordinated with a homeless shelter that offers housing opportunities for individuals addicted to alcohol and other drugs.
18. This program will be implemented and supervised by highly trained and licensed staff members. A Licensed Independent Social Worker, Supervisor (LISW-S) with more than 30 years experience in mental health and substance abuse will lead the program. He has extensive experience working with addicted individuals with mental illnesses and designing and implementing programs (see resume attached). There will be other licensed and certified staff working in the program. Some are currently working with Alliant Treatment Center and employed in the Lakewood community.

RESIDENTIAL PHONE: (216) 971-1020
Jwthompson84@gmail.com E-mail Address

R E S U M E

JULIUS W. THOMPSON, M.Div., LISW-S
2934 Martin Luther King, Jr. Drive
Cleveland, Ohio 44104-4802

LICENSE

Licensed Independent Social Worker – Supervisor (LISW-S), Counselor, Social Worker,
Marriage & Family Therapist Board, State of Ohio, Expires 03/2020, License No. I 0600013

EDUCATION/CLINICAL TRAINING

Two-Year Post Graduate Clinical Training in Psychoanalytical Psychotherapy - Washington School of Psychiatry, Clinical Program on Dynamic Psychoanalytical Psychotherapy Practice, 5028 Wisconsin Ave., Washington, D.C. 20016 - September 1996 - May 1998, Certificate

Addictions Training - University of the District of Columbia, Addiction Prevention & Recovery Administration, Professional Counseling Education Program, 4200 Connecticut Ave., Washington, D.C. 20008 - September 1997 - February 1998, Certificate

Social Services Management Training - Master of Social Work (MSW) [Administration - Social Services Management and Criminal Justice] Howard University, 2400 Sixth St. Northwest, Washington, D.C. 20059 - January 1995 - May 1996, Master of Social Work (M.S.W.), Diploma

Master of Divinity (M.Div.) [Pastoral Counseling and Social Work] Howard University, 1400 Shepherd St. Northeast, Washington, D.C. 20017 - August 1987 - May 1993, Master of Divinity Degree, (M.Div.), Diploma

Bachelor of Arts Degree [Major–Psychology, Minor- English/Writing Skills] Ohio State University, 1400 Cannon Dr., Columbus, Ohio 43201 - September 1976 - June 1982, Bachelor of Arts Degree (B.A.), Diploma

WORK EXPERIENCE

3/2019 – Present Consulting Social Worker/Clinical Director
Alliant Treatment Center, Inc.
3535 Shaker Blvd. (216) 417-6166
Shaker, Ohio 44128

Supervise the delivery of clinical interventions of all clinical staff members; design and implement a 30-day inpatient treatment program for individuals experiencing addiction to alcohol and other illicit drugs; write policies and protocol for addressing mental health and addiction services; develop collaborative relationships with other nonprofits to offer dually diagnosed clientele a continuum of services; provide trainings to staff members in clinical service delivery, assessments, writing treatment plans, and progress notes.

Resume, Julius Thompson
Continued

1/2017 – Present Consultant/Therapist
Eye for Change Youth & Family Services, Inc. (216) 441-9622
3100 East 42st Street, Suite 305
Cleveland, Ohio 44127

Provided psychotherapy services to a limited number of families in need of services; supervised staff, wrote policies and procedures for the agency; worked as a consultant to start up a 30-day inpatient alcohol and drug treatment facility; find locations, secured locations, performed all necessary tasks and responsibilities to start the treatment facility.

5/2014 – 6/2016 Director of Treatment
Hispanic UMADAOP (216) 459-1222
3305 West 25th Street
Cleveland, Ohio 44109

Managed a 30 to 60 day residential treatment center in which alcohol and other drug treatment services are provided for adults 18 years of age and older; nearly all clients also experienced a mental illness; provided clinical supervision and supervised all clinical, administrative, and support staff members; provide training to certify Chemical Dependency Counseling Assistants (CDCA); wrote grants, developed, and implemented new programs to better serve clientele; worked closely with community, county, and state programs; established and wrote outcome reports; provided crisis interventions for clients in medical crisis or in danger of harming self and/or others;

8/2008 – 10/2014 Therapist/Social Worker
Private Practice (Self Employed) (216) 862-7230
2934 Martin Luther King, Jr., Boulevard
Cleveland, Ohio 44104

I provided traditional psychotherapy and/or pastoral counseling, case management, and referral services on a sliding fee basis for clients referred from local churches located in and around Cleveland, Ohio and Crisfield, Maryland; most clients were experiencing mental health problems that include mood and anxiety disorders, personality disorders, depression, family and personal problems; clientele consisted of adults, couples, parents, adolescents, and children with a multiplicity of mental health, substance abuse, financial, housing, and medical problems; completed comprehensive biopsychosocial assessments, treatment plans, reviews of treatment plans, and progress notes; clients were seen in my private practice office, their homes, hospitals, and schools; reported to state agencies; referrals were made to community mental health agencies and private physicians for psychiatric evaluations and medications.

09/2011 – 4/2013 Clinical Director/Acting Executive Director
Community Action Against Addiction (216) 881-0765
5209 Euclid Avenue
Cleveland, Ohio 44103

Supervised all primary counselors; tracked production, attendance, quality of work; ensured all client charts meet state and local regulations and standards; started a mental health department. Completed comprehensive diagnostic assessments and intake paperwork for clients seeking treatment for alcohol and drug addictions; completed diagnostic assessment using the SO-QIC; developed initial treatment plans, wrote progress notes, completed transfer forms, and discharge paperwork; attended weekly clinical team meetings; tracked census and update rosters for all

patients; assessed elderly/geriatric patients/clients psychological functioning and wrote yearly mental health evaluations and reports; developed treatment plans and participated as a team member of the interdisciplinary treatment team that consisted of the unit psychiatrist, unit director, nurses, social workers, and direct service staff members.

5/98 – 5/2001 Clinical Director of Behavioral Health, Addictions
Somerset County Health Department (410) 651-5660
7920 Crisfield Highway
Westover, Maryland 21871

Supervised direct services clinical staff to qualify them for substance abuse licensing; held therapeutic/didactic groups and individual sessions with individuals with substance abuse problems, many had co-occurring mental illnesses; supervised clinical staff's delivery of substance abuse services to adolescents and adults who were involved in the criminal justice system; designed and implemented and program for the dually diagnosed; ensured that COMAR and clinical standards were being met and that state-of-the-art interventions and techniques were utilized to address issues of substance abuse; monitored staff's client files for quality assurance.

7/98 – 3/2000 Clinical Director (Part Time) (410) 749-1001
Life Crisis Center, Inc.,
1200 Pierce Avenue
Salisbury, Maryland 21801

Provided clinical staff with supervision so that they qualified for state licensing; ensured appropriate interventions were being provided to victims of domestic violence, sexual abuse, molestation and rape.

5/93 - 5/98 Director of Day Treatment
Anchor Mental Health Association (202) 635-5979
1001 Lawrence Street, Northeast
Washington, D.C. 20017

Supervised staff of a day treatment program that provided services for individuals (geriatric, medically disabled, and adults) experiencing a chronic serious mental illnesses, repeat hospitalizations, and homelessness; held therapeutic groups and individual sessions with clients who had co-occurring substance abuse problems and mental health problems (many clients were ex-offenders); program activities were aimed at increasing independent living skills, and employment skills; managed the operations of the psychosocial day program serving 96 individuals daily; team member of the Quality Assurance Utilization/Review Committee.

Additional Work Experience and References Supplied Upon Request

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PID)

REFERENCE No. PC19-000012
DOCKET No. 08-21-19
FEE PAID _____

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 1427 Parkwood Rd. Business/Tenant Name N/A

Property Owner Name Lakewood Chrysler Plymouth Inc. Owner Phone 216-403-2712

Owner E-mail cschuster@spitzer.com Zoning R1H Parcel Number 315-01-069

Project Summary Applicant is applying for conditional use for parking. This conditional use will be a continuation of approvals received by prior owner. Parking will support mixed-use development.
Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division - (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split - (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development - (\$500)
- Similar Use - (Commercial \$50, Residential \$25)
- Conditional Use - (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance - (Commercial \$50, Residential \$25)
- Parking Plan Review - (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Jerome Solove, President JSDI, Jerome Solove Development Inc. Company

Applicant Address: 14837 Detroit Avenue #339 Lakewood, OH 44107

Phone: 614-425-2104 Fax: _____ E-mail: asolove@solove.com

Signature: [Signature] Date: 7/16/19

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Mills Date: 7/22/2019

File History: _____

Bldg. Dept. Remarks: _____

ORD. 52-10 SECTION 1161.03

AUTHORIZATION FOR PROPERTY ACCESS

(In signing this application,) I authorize members of the City's Building Department and Planning and Development Department access to my property for the limited purposes of photographing and verifying location and dimension of the area affected by my Architectural Board of Review/Sign Review Board/ Board of Building Standards applications and requests. A landlord of a single tenant structure must provide the written consent of the tenant. The City employee will, in case of one, two or three tenant structure, attempt to notify those residing on the property immediately prior to coming onto the property. In the case of a multi-tenant structure, the City employee will notify the building manager.

Any dog(s) on property? _____ Yes No

Please Print or Type:

Owner/Agent Name: Cathy Schuster/Lakewood Chrysler Plymouth Inc. Agent

Property Address: 13901 Detroit Avenue Lakewood, OH 44117

Owner/Agent Phone: 216-403-2712

Tenant Name N/A Tenant Phone N/A

Cathy V. Schuster
Owner/Agent Signature

**2019 Calendar
Board of Building Standards / Architectural Board of Review / Sign Review**

Month	Application Deadlines		Pre-Review Meeting		Review Meeting	
January	Wednesday	12-26-18	Thursday	01-03-19	Thursday	01-10-19
February	Wednesday	01-30-19	Thursday	02-07-19	Thursday	02-14-19
March	Wednesday	02-27-19	Thursday	03-07-19	Thursday	03-14-19
April	Wednesday	03-27-19	Thursday	04-04-19	Thursday	04-11-19
May	Wednesday	04-24-19	Thursday	05-02-19	Thursday	05-09-19
June	Wednesday	05-29-19	Thursday	06-06-19	Thursday	06-13-19
July	Wednesday	06-26-19	Tuesday	07-02-19	Thursday	07-11-19
August	Wednesday	07-24-19	Thursday	08-01-19	Thursday	08-08-19
September	Wednesday	08-28-19	Thursday	09-05-19	Thursday	09-12-19
October	Wednesday	09-25-19	Thursday	10-03-19	Thursday	10-10-19
November	Wednesday	10-30-19	Thursday	11-07-19	Thursday	11-14-19
December	Wednesday	11-27-19	Thursday	12-05-19	Thursday	12-12-19
January	Wednesday	12-24-19	Thursday	01-02-20	Thursday	01-09-20

PLEASE NOTE: Applications are submitted to the Department of Planning and Development and are due before noon on the above indicated dates. It is recommended to submit them prior to the application deadline for review of completeness. Late or incomplete applications cannot be accepted.

Pre-Review Meetings start at 4:00 P.M. in the East Conference Room (adjacent to the auditorium) of Lakewood City Hall. Use the rear northeast entrance to the Auditorium.

Review Meetings will commence at 5:30 P.M. in the Auditorium of Lakewood City Hall located at 12650 Detroit Avenue unless otherwise indicated. You (or representative as designated in writing to the Secretary of the Board) **MUST** attend the review meeting in order for an application to receive review. Use the rear northeast entrance to the Auditorium.



SPITZER MANAGEMENT, INC.

150 East Bridge Street • Elyria, Ohio 44035
440-323-4671 • fax 440-323-3623
spitzer.com

January 22, 2019

Bryce Sylvester
Director of Planning and Development
City of Lakewood
12650 Detroit Avenue
Lakewood, OH 44107

**RE: Letter of Authorization – Jerome Solove Development Inc.
Apartment Project at 13901 Detroit Ave. (Parcel No. 315-01-101, 315-01-069, 315-01-070,
315-01-102)**

Dear Mr. Sylvester,

As you know, Jerome Solove Development Inc. is planning an apartment project on our property located at 13815 Detroit Road in Lakewood. On behalf of Lakewood Chrysler Plymouth Inc., I am hereby authorizing Jerome Solove Development Inc. and their affiliates to submit and present plans pertaining to this project to the Lakewood City Council, Planning Commission, and Architecture Board of Review. Please feel free to contact me with any questions at 216-403-2712.

Sincerely,

Catherine V. Schuster
Director of Real Estate



SUMMARY

OFFICE AND/OR RETAIL

1. TOTAL GROSS AREA: 11,000 SF

2. TOTAL GROSS AREA OF EXISTING BUILDING: 11,000 SF

3. TOTAL GROSS AREA OF NEW CONSTRUCTION: 0 SF

4. TOTAL GROSS AREA OF REMOVAL: 0 SF

5. TOTAL GROSS AREA OF REPAIRS: 0 SF

6. TOTAL GROSS AREA OF RECONSTRUCTION: 0 SF

7. TOTAL GROSS AREA OF RENOVATION: 0 SF

8. TOTAL GROSS AREA OF RESTORATION: 0 SF

9. TOTAL GROSS AREA OF REDEMPTION: 0 SF

10. TOTAL GROSS AREA OF REDEMPTION: 0 SF

11. TOTAL GROSS AREA OF REDEMPTION: 0 SF

12. TOTAL GROSS AREA OF REDEMPTION: 0 SF

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14. TOTAL GROSS AREA OF REDEMPTION: 0 SF

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16. TOTAL GROSS AREA OF REDEMPTION: 0 SF

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18. TOTAL GROSS AREA OF REDEMPTION: 0 SF

19. TOTAL GROSS AREA OF REDEMPTION: 0 SF

20. TOTAL GROSS AREA OF REDEMPTION: 0 SF

RESIDENTIAL

1. TOTAL GROSS AREA: 0 SF

2. TOTAL GROSS AREA OF EXISTING BUILDING: 0 SF

3. TOTAL GROSS AREA OF NEW CONSTRUCTION: 0 SF

4. TOTAL GROSS AREA OF REMOVAL: 0 SF

5. TOTAL GROSS AREA OF REPAIRS: 0 SF

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18. TOTAL GROSS AREA OF REDEMPTION: 0 SF

19. TOTAL GROSS AREA OF REDEMPTION: 0 SF

20. TOTAL GROSS AREA OF REDEMPTION: 0 SF

PARKING

1. TOTAL GROSS AREA: 0 SF

2. TOTAL GROSS AREA OF EXISTING BUILDING: 0 SF

3. TOTAL GROSS AREA OF NEW CONSTRUCTION: 0 SF

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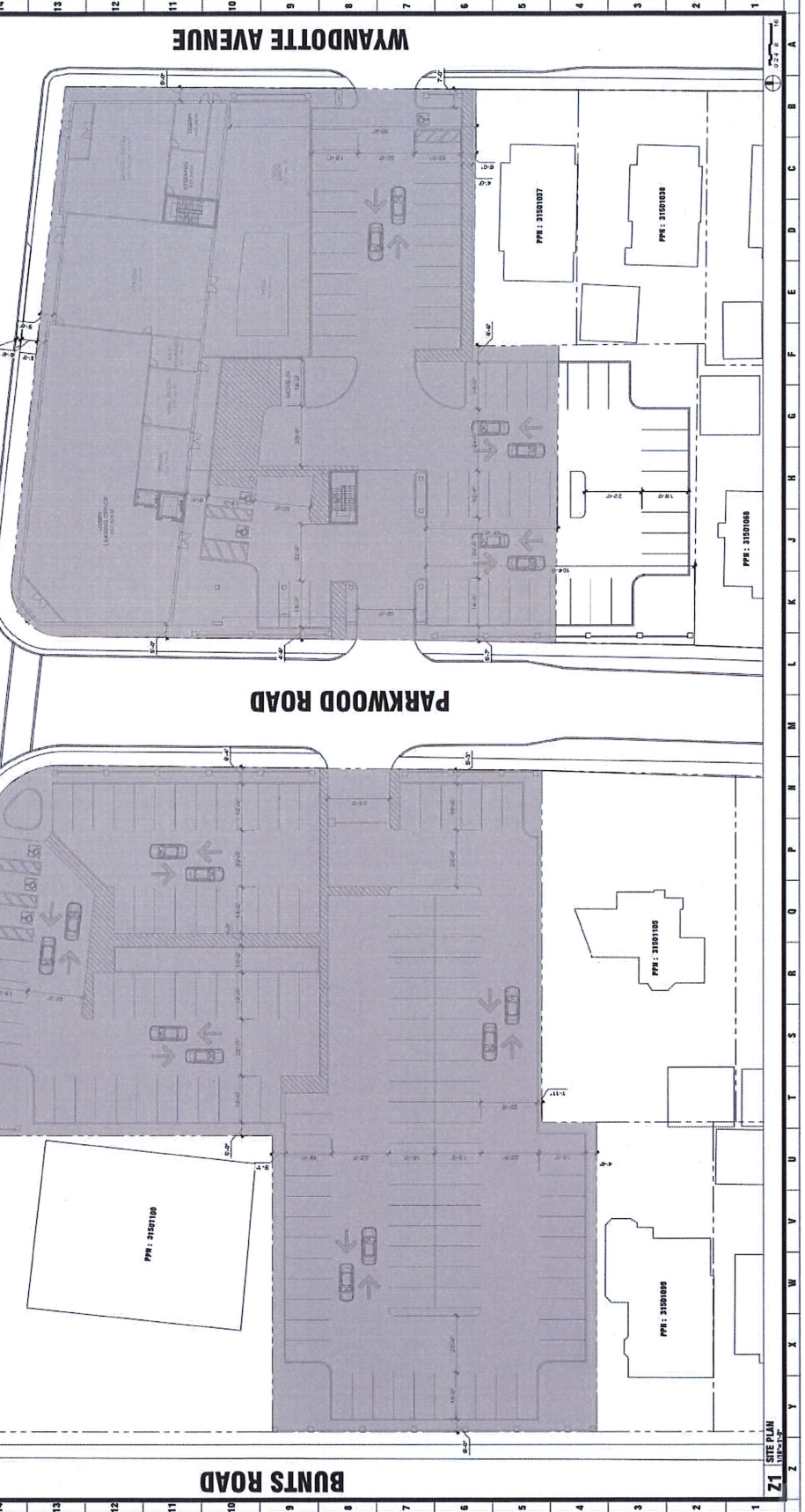
16. TOTAL GROSS AREA OF REDEMPTION: 0 SF

17. TOTAL GROSS AREA OF REDEMPTION: 0 SF

18. TOTAL GROSS AREA OF REDEMPTION: 0 SF

19. TOTAL GROSS AREA OF REDEMPTION: 0 SF

20. TOTAL GROSS AREA OF REDEMPTION: 0 SF









Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000007
DOCKET No. 08-22-19
FEE PAID _____

APPLICATION
LAKEWOOD PLANNING COMMISSION

Property Address 13701 and 13901 Detroit Ave Business/Tenant Name N/A
Property Owner Name Stavash family LLC / Lakewood Chrysler Plymouth Inc. Owner Phone 440-452-8765 / 216-403-2712
Owner E-mail smedermatt1490@gmail.com Zoning C3 and R1H Parcel Number 31501101, 31501070, 31501069, 31501102, 31501036
Project Summary see attached

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division - (Commercial \$200, Residential \$200, Planned Development \$500)
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4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Jerome Solove Company Jerome Solove Development Inc.

Applicant Address: 14837 Detroit Ave #339 Lakewood, OH 44107

Phone: 614-425-2104 Fax: _____ E-mail: asolove@solove.com

Signature: [Signature] Date: 5-9-19

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 6/18/19

File History: _____

Bldg. Dept. Remarks: _____

ORD. 24-98 SECTION 115506

34

AUTHORIZATION FOR PROPERTY ACCESS

(In signing this application,) I authorize members of the City's Building Department and Planning and Development Department access to my property for the limited purposes of photographing and verifying location and dimension of the area affected by my Planning Commission applications and requests. A landlord of a single tenant structure must provide the written consent of the tenant. The City employee will, in case of one, two or three tenant structure, attempt to notify those residing on the property immediately prior to coming onto the property. In the case of a multi-tenant structure, the City employee will notify the building manager.

Any dog(s) on property? _____ Yes X No

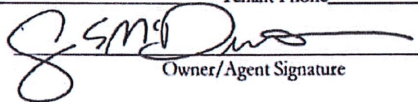
Please Print or Type:

Owner/Agent Name: Stavash Family LLC. Sean McDermott and Bill Craighead

Property Address: 13701 & 1406 Wyandotte Aveune

Owner/Agent Phone: 440-452-8765 / 216-773-0326

Tenant Name Educators Music Tenant Phone 216-272-2548


Owner/Agent Signature

**2019 Calendar
Planning Commission**

Month	Application Deadline	Pre-Review Meeting	Review Meeting
January	Wednesday 12-19-18	Thursday 01-03-19	Thursday 01-03-19
February	Wednesday 01-23-19	Thursday 02-07-19	Thursday 02-07-19
March	Wednesday 02-20-19	Thursday 03-07-19	Thursday 03-07-19
April	Wednesday 03-20-19	Thursday 04-04-19	Thursday 04-04-19
May	Wednesday 04-17-19	Thursday 05-02-19	Thursday 05-02-19
June	Wednesday 05-22-19	Thursday 06-06-19	Thursday 06-06-19
July	Monday 06-17-19	Tuesday 07-02-19	Tuesday 07-02-19
August	Wednesday 07-17-19	Thursday 08-01-19	Thursday 08-01-19
September	Wednesday 08-21-19	Thursday 09-05-19	Thursday 09-05-19
October	Wednesday 09-18-19	Thursday 10-03-19	Thursday 10-03-19
November	Wednesday 10-23-19	Thursday 11-07-19	Thursday 11-07-19
December	Wednesday 11-20-19	Thursday 12-05-19	Thursday 12-05-19
January	Wednesday 12-18-19	Thursday 01-02-20	Thursday 01-02-20

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35

AUTHORIZATION FOR PROPERTY ACCESS

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Any dog(s) on property? _____ Yes No

Please Print or Type:

Owner/Agent Name: Cathy Schuster / Lakewood Chrysler Plymouth Inc. Agent

Property Address: 13901 Detroit Avenue Lakewood, OH 44107

Owner/Agent Phone: 216-403-2712

Tenant Name N/A Tenant Phone N/A

Catherine V. Schuster
Owner/Agent Signature

**2019 Calendar
Planning Commission**

Month	Application Deadline		Pre-Review Meeting		Review Meeting	
January	Wednesday	12-19-18	Thursday	01-03-19	Thursday	01-03-19
February	Wednesday	01-23-19	Thursday	02-07-19	Thursday	02-07-19
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January	Wednesday	12-18-19	Thursday	01-02-20	Thursday	01-02-20

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Stavash Family LLC

January 22, 2019

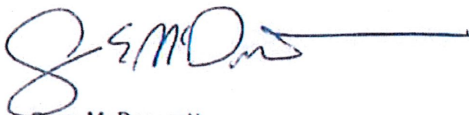
Bryce Sylvester
Director of Planning and Development
City of Lakewood
12650 Detroit Avenue
Lakewood, OH 44107

**RE: Letter of Authorization - Jerome Solove Development Inc.
Apartment Project at 13701 Detroit and 1406 Wyandotte (Parcel No. 315-01-036)**

Dear Mr. Sylvester,

Stavash Family LLC hereby authorizes Jerome Solove Development Inc., and their affiliates and related parties, to submit, present, and entitle the subject market rate apartment project, to be constructed on lands currently owned by Stavash Family LLC, to the Lakewood City Council, Planning Commission, and Architecture Board of Review. Please contact me with any questions at smcdermott1490@gmail.com.

Sincerely,



Sean McDermott
Member

cc: Bill Craighead
Jerome Solove
Alex Solove



SPITZER MANAGEMENT, INC.

150 East Bridge Street • Elyria, Ohio 44035
440-323-4671 • fax 440-323-3623
spitzer.com

January 22, 2019

Bryce Sylvester
Director of Planning and Development
City of Lakewood
12650 Detroit Avenue
Lakewood, OH 44107

**RE: Letter of Authorization – Jerome Solove Development Inc.
Apartment Project at 13901 Detroit Ave. (Parcel No. 315-01-101, 315-01-069, 315-01-070,
315-01-102)**

Dear Mr. Sylvester,

As you know, Jerome Solove Development Inc. is planning an apartment project on our property located at 13815 Detroit Road in Lakewood. On behalf of Lakewood Chrysler Plymouth Inc., I am hereby authorizing Jerome Solove Development Inc. and their affiliates to submit and present plans pertaining to this project to the Lakewood City Council, Planning Commission, and Architecture Board of Review. Please feel free to contact me with any questions at 216-403-2712.

Sincerely,

Catherine V. Schuster
Director of Real Estate

View on Detroit: East – Consolidation Plat - Description of Request for Planning

Commission:

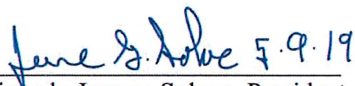
May 9, 2019

This application applies to the real property described as follows:

The real property located at the southeast corner of Detroit Avenue and Parkwood Road and parcels known by the Cuyahoga County Fiscal Office as Permanent Parcel Numbers 315-01-102, 315-01-069, 315-01-070, and 315-01-036. Consolidation of these parcels will result in a parcel having 46,301.55 s.f. (1.0629 acres) which exceeds the minimum 10,000 s.f. parcel size required in the C3 zoning classification as described in schedule 1129.05. Furthermore, as demonstrated on the attached consolidation plat, the frontages on Detroit Avenue, Parkwood Road, and Wyandotte Avenue all exceed 80', the minimum frontage required (for just one of the three frontages) in schedule 1129.05.

A portion of the consolidated parcel contains R1H (Single-Family High Density District) zoning. The consolidation will not affect the location of zone line between the R1H and C3 zoning districts. Under separate cover a mixed use structure and accessory parking is proposed for the subject site.

We look forward to the Planning Commission's expeditious approval of the lot consolidation set forth herein.


Signed: Jerome Solove, President
Jerome Solove Development Inc.

Existing Conditions

View looking East from Bunts



View looking North up Parkwood



View looking Southwest from Detroit



View looking Southeast from Detroit

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000008
DOCKET No. 08-23-19
FEE PAID _____

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 14519 Detroit Ave Business/Tenant Name One Lakewood Place
Property Owner Name City of Lakewood (Bryce Sylvester) Owner Phone (216) 529-6635
Owner E-mail Bryce.Sylvester@lakewoodoh.net Zoning PUD C2 Parcel Number _____
314-07-007 to -014; 314-07-017; 314-07-033 to -039; and 314-07-14

Project Summary One Lakewood Place will be a vibrant mixed-use development consisting of approximately 180,000 square feet of commercial, 200 residential units, 0.5 acres of public space, and a parking garage providing roughly 800 spaces.

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
- Parking Plan Review – (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): George Papandreas Company Carnegie Management and Development Corp.

Applicant Address: 27500 Detroit Rd. Suite 300 Westlake OH 44145

Phone: (440)892-6800 Fax: _____ E-mail: gpapandreas@carnegiecorp.com

Signature:  Date: 07/17/2019

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milins Date: 7/22/2019

File History: _____

Bldg. Dept. Remarks: _____

ORD. 24-98 SECTION 1155.06

42

AUTHORIZATION FOR PROPERTY ACCESS

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Any dog(s) on property? _____ Yes _____ No

Please Print or Type:

Owner/Agent Name: _____

Property Address: _____

Owner/Agent Phone: _____

Tenant Name _____ Tenant Phone _____

Owner/Agent Signature

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Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000009
DOCKET No. 08-24-19
FEE PAID _____

APPLICATION

LAKELWOOD PLANNING COMMISSION

Between 12700 LAKE AVE AND 12900 LAKE

Property Address 312-09-017 Business/Tenant Name 12700 LAKE AVENUE CONDOMINIUM ASSOCIATION

Property Owner Name 12700 LAKE AVENUE CONDOMINIUM ASSOC Owner Phone 216-228-1111

Owner E-mail wintunplace@sbcglobal.net Zoning _____ Parcel Number 312-09-017

Project Summary LOT CONSOLIDATION

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
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4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Edward Seligman, MGR Company 12700 LAKE AVENUE CONDOMINIUM ASSOCIATION

Applicant Address: 12700 LAKE AVENUE, LAKEWOOD, OHIO 44103

Phone: 216 228 1111 Fax: 216 228-0529 E-mail: wintunplace@sbcglobal.net

Signature: _____ Date: _____

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 7/19/2019

File History: _____

Bldg. Dept. Remarks: _____

ORD. 24-98 SECTION 1155.06

45

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Any dog(s) on property? _____ Yes X No

Please Print or Type:

Owner/Agent Name: 12700 LAKE AVENUE CONDOMINIUM ASSOCIATION / EDWARD SELIBIAN MGR

Property Address: 12700 LAKE AVENUE LAKEWOOD OHIO 44107

Owner/Agent Phone: 216-228-1111

Tenant Name _____ Tenant Phone _____

Owner/Agent Signature

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Planning Commission**

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WINTON PLACE

12700 LAKE AVENUE • LAKEWOOD, OHIO 44107

PHONE (216) 228-1111

FAX (216) 228-0529

DESCRIPTION OF REQUEST FROM WINTON PLACE FOR LOT CONSOLIDATION

The 12700 Lake Avenue Condominium Association (known as Winton Place) recently purchased a 2.07 acre parcel of land (Parcel) from the Richard Jacobs interests. The Parcel has been vacant since the construction of the Winton Place in the early 1960s. Winton Place has been parking cars on a part of the parcel since the construction of its building and has done so through arrangement made with the owners of the parcel.

Following the death of Richard Jacobs the family decided to sell the Parcel and Winton Place made a decision to purchase the Parcel in order to secure its parking and potential future use of the property. It did so after exploring in detail its alternatives, all of which would be very unattractive to the Winton Place residents and the residents of the adjoining properties. There would have been a need to expand parking further to the south of the existing west parking lot entailing demolishing large oak trees and the potential for removal of its tennis courts at the south end of its property to be replaced by an access driveway and additional parking.

These considerations were augmented by the continued success of the Pier W restaurant (a condominium unit of Winton Place) and its relationship with its current owners and operators. Pier W is a vibrant successful member of Winton Place and the city and community and Winton Place reserves 80 parking spaces on its east parking lot for Pier W use. However, the continued success of the restaurant finds parking exceeding that on many occasions. Without the parking on the Parcel Winton Place would be short on parking especially when the restaurant is busy.

Because the Parcel is now owned by Winton Place and each of the approximately 350 units of the Winton Place owns an undivided interest in the Parcel in accordance with their percentage of ownership, it is appropriate that this Parcel be consolidated with the current 11.6 acres of Winton Place property.

Respectfully submitted,

Edwards J. Seligman
Property Manager

LOT CONSOLIDATION
FOR

**12700 LAKE AVENUE
CONDOMINIUM ASSOCIATION**

SITUATED IN THE CITY OF LAKEWOOD, COUNTY OF CUYAHOGA AND STATE OF OHIO, AND KNOWN AS BEING A PART OF ORIGINAL HOOPSPORT TOWNSHIP SECTION NO. 21.



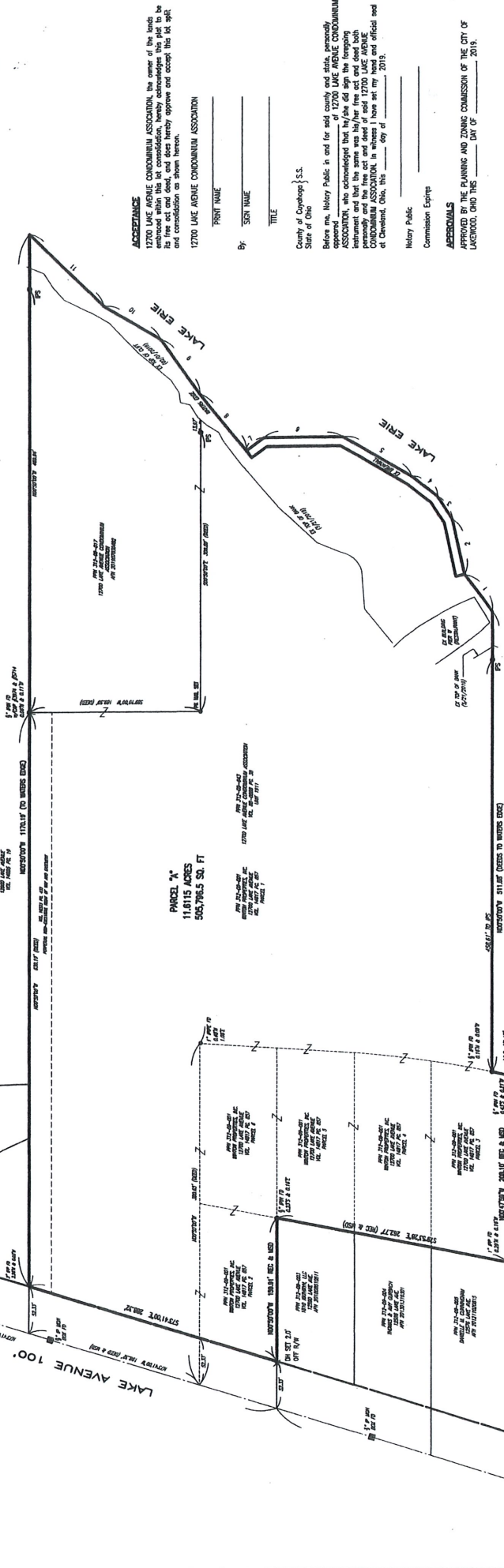
NOTE:
WATERS EDGE FOR LAKE ERIE PLOTTED FROM AERIAL MAP (FROM BREAKWALL WESTERLY SINCE WATERS EDGE IS INACCESSIBLE).

LINE TABLE

NUMBER	BEGINNING	END	BEARING	DISTANCE
1	N 87°00'10" W	51.86'		
2	N 13°30'30" W	63.17'		
3	N 24°17'50" W	30.55'		
4	N 53°02'00" W	34.10'		
5	N 80°55'30" W	89.44'		
6	S 88°45'10" W	88.21'		
7	S 53°24'10" W	24.31'		
8	N 25°30'30" W	31.22'		
9	N 10°00'00" W	32.00'		
10	N 82°45'20" W	23.00'		
11	N 87°45'20" W	113.53'		

MEMBERS WHOSE NAMES AS SET AS MEMBERS HEREIN, HEREBY ASSUME AS EXPRESSED IN FEET AND DECIMAL PARTS THEREOF, ALL OF WHICH CERTIFY TO BE CORRECT.

JOHN E. JANSKY
Ohio Registered Surveyor No. S-4440



ACCEPTANCE

12700 LAKE AVENUE CONDOMINIUM ASSOCIATION, the owner of the lands hereon, hereby certifies that the plat hereon is a true and correct copy of the original and a true and correct copy of the original as shown hereon.

12700 LAKE AVENUE CONDOMINIUM ASSOCIATION

PRINT NAME

By SIGNATURE

TITLE

County of Cuyahoga } S.S.
State of Ohio

Before me, Notary Public in and for said county and state, personally appeared _____, who acknowledged that he/she is the _____ of the _____ CONDOMINIUM ASSOCIATION, who acknowledged that he/she did the foregoing instrument and that the same was his/hers free act and deed both personally and the free act and deed of said 12700 LAKE AVENUE CONDOMINIUM ASSOCIATION. In witness hereon set my hand and official seal of Cleveland, Ohio, this _____ day of _____, 2019.

Notary Public

Commission Expires

APPROVALS

APPROVED BY THE PLANNING AND ZONING COMMISSION OF THE CITY OF LAKEWOOD, OHIO THIS _____ DAY OF _____, 2019.

CHAIRMAN

DATE

APPROVED BY THE ENGINEER FOR THE CITY OF LAKEWOOD, OHIO THIS _____ DAY OF _____, 2019.

CITY ENGINEER

DATE

LAND SURVEYORS & CIVIL ENGINEERS
700 Beta Drive, Suite 200
Cleveland, Ohio 44143
P: 440.449.4088
F: 440.449.4089
www.landsurveyors.com

BASES OF BEARING
BEARINGS ARE REFERENCED TO WINTON PLACE CONDOMINIUM PLAT RECORDED IN VOLUME 31, PAGE 72 OF CUYAHOGA COUNTY MAP RECORDS.

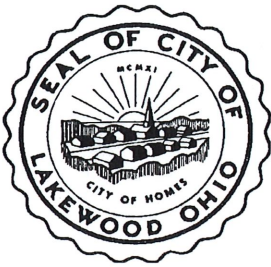
- REFERENCES**
- 1) CUYAHOGA COUNTY TAX MAPS
 - 2) CUYAHOGA COUNTY DEED RECORDS
 - 3) WINTON PLACE CONDOMINIUM (VOL. 32, PG. 72)
 - 4) WINTON PLACE CONDOMINIUM (VOL. 34, PG. 113)
 - 5) THE GARBLE CONDOMINIUM (VOL. 34, PG. 113)
 - 6) GOLD COAST LANE SUBDIVISION (VOL. 208 PG. 63)

LEGEND

ABBREVIATION	SYMBOLS	MEANING
ADJ	—	Adjacent Property
AM	—	As Measured
AS	—	As Shown
CC	—	Common
CD	—	Condemned
CH	—	Chained
CL	—	Chain
CO	—	Corner
CP	—	Corner Point
CS	—	Corner Station
CT	—	Corner Tied
CU	—	Corner Unadjusted
CV	—	Corner Verified
CA	—	Corner A
CB	—	Corner B
CC	—	Corner C
CD	—	Corner D
CE	—	Corner E
CF	—	Corner F
CG	—	Corner G
CH	—	Corner H
CI	—	Corner I
CJ	—	Corner J
CK	—	Corner K
CL	—	Corner L
CM	—	Corner M
CN	—	Corner N
CO	—	Corner O
CP	—	Corner P
CQ	—	Corner Q
CR	—	Corner R
CS	—	Corner S
CT	—	Corner T
CU	—	Corner U
CV	—	Corner V
CW	—	Corner W
CX	—	Corner X
CY	—	Corner Y
CZ	—	Corner Z
DA	—	Corner A
DB	—	Corner B
DC	—	Corner C
DD	—	Corner D
DE	—	Corner E
DF	—	Corner F
DG	—	Corner G
DH	—	Corner H
DI	—	Corner I
DJ	—	Corner J
DK	—	Corner K
DL	—	Corner L
DM	—	Corner M
DN	—	Corner N
DO	—	Corner O
DP	—	Corner P
DQ	—	Corner Q
DR	—	Corner R
DS	—	Corner S
DT	—	Corner T
DU	—	Corner U
DV	—	Corner V
DW	—	Corner W
DX	—	Corner X
DY	—	Corner Y
DZ	—	Corner Z
EA	—	Corner A
EB	—	Corner B
EC	—	Corner C
ED	—	Corner D
EE	—	Corner E
EF	—	Corner F
EG	—	Corner G
EH	—	Corner H
EI	—	Corner I
EJ	—	Corner J
EK	—	Corner K
EL	—	Corner L
EM	—	Corner M
EN	—	Corner N
EO	—	Corner O
EP	—	Corner P
EQ	—	Corner Q
ER	—	Corner R
ES	—	Corner S
ET	—	Corner T
EU	—	Corner U
EV	—	Corner V
EW	—	Corner W
EX	—	Corner X
EY	—	Corner Y
EZ	—	Corner Z
FA	—	Corner A
FB	—	Corner B
FC	—	Corner C
FD	—	Corner D
FE	—	Corner E
FF	—	Corner F
FG	—	Corner G
FH	—	Corner H
FI	—	Corner I
FJ	—	Corner J
FK	—	Corner K
FL	—	Corner L
FM	—	Corner M
FN	—	Corner N
FO	—	Corner O
FP	—	Corner P
FQ	—	Corner Q
FR	—	Corner R
FS	—	Corner S
FT	—	Corner T
FU	—	Corner U
FV	—	Corner V
FW	—	Corner W
FX	—	Corner X
FY	—	Corner Y
FZ	—	Corner Z
GA	—	Corner A
GB	—	Corner B
GC	—	Corner C
GD	—	Corner D
GE	—	Corner E
GF	—	Corner F
GG	—	Corner G
GH	—	Corner H
GI	—	Corner I
GJ	—	Corner J
GK	—	Corner K
GL	—	Corner L
GM	—	Corner M
GN	—	Corner N
GO	—	Corner O
GP	—	Corner P
GQ	—	Corner Q
GR	—	Corner R
GS	—	Corner S
GT	—	Corner T
GU	—	Corner U
GV	—	Corner V
GW	—	Corner W
GX	—	Corner X
GY	—	Corner Y
GZ	—	Corner Z
HA	—	Corner A
HB	—	Corner B
HC	—	Corner C
HD	—	Corner D
HE	—	Corner E
HF	—	Corner F
HG	—	Corner G
HH	—	Corner H
HI	—	Corner I
HJ	—	Corner J
HK	—	Corner K
HL	—	Corner L
HM	—	Corner M
HN	—	Corner N
HO	—	Corner O
HP	—	Corner P
HQ	—	Corner Q
HR	—	Corner R
HS	—	Corner S
HT	—	Corner T
HU	—	Corner U
HV	—	Corner V
HW	—	Corner W
HX	—	Corner X
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IA	—	Corner A
IB	—	Corner B
IC	—	Corner C
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IM	—	Corner M
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IV	—	Corner V
IW	—	Corner W
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JA	—	Corner A
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JF	—	Corner F
JG	—	Corner G
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JI	—	Corner I
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JK	—	Corner K
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JM	—	Corner M
JN	—	Corner N
JO	—	Corner O
JP	—	Corner P
JQ	—	Corner Q
JR	—	Corner R
JS	—	Corner S
JT	—	Corner T
JU	—	Corner U
JV	—	Corner V
JW	—	Corner W
JX	—	Corner X
JY	—	Corner Y
JZ	—	Corner Z
KA	—	Corner A
KB	—	Corner B
KC	—	Corner C
KD	—	Corner D
KE	—	Corner E
KF	—	Corner F
KG	—	Corner G
KH	—	Corner H
KI	—	Corner I
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KL	—	Corner L
KM	—	Corner M
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KO	—	Corner O
KP	—	Corner P
KQ	—	Corner Q
KR	—	Corner R
KS	—	Corner S
KT	—	Corner T
KU	—	Corner U
KV	—	Corner V
KW	—	Corner W
KX	—	Corner X
KY	—	Corner Y
KZ	—	Corner Z
LA	—	Corner A
LB	—	Corner B
LC	—	Corner C
LD	—	Corner D
LE	—	Corner E
LF	—	Corner F
LG	—	Corner G
LH	—	Corner H
LI	—	Corner I
LJ	—	Corner J
LK	—	Corner K
LL	—	Corner L
LM	—	Corner M
LN	—	Corner N
LO	—	Corner O
LP	—	Corner P
LQ	—	Corner Q
LR	—	Corner R
LS	—	Corner S
LT	—	Corner T
LU	—	Corner U
LV	—	Corner V
LW	—	Corner W
LX	—	Corner X
LY	—	Corner Y
LZ	—	Corner Z

WINTON POINT parcel west of Winton Place





PLANNING COMMISSION

12650 Detroit Avenue • 44107 • (216) 529-6630 • FAX (216) 529-5907
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August 1, 2019

Planning Commission
Lakewood City Hall
12650 Detroit Avenue
Lakewood, Ohio 44107

Re: COMMUNICATION
Docket No. 08-25-19
Resiliency Task Force

Dear Members of the Planning Commission:

This communication from the Department of Planning and Development regarding the Resiliency Task Force is intended to update the Commission on the work of the Task Force so far to review City policies and programs, an update on the Task Force's public engagement efforts, and an introduction to the work anticipated for the rest of the year. The Task Force is currently reviewing the *Community Vision* master plan and will propose updates for the Commission's review later in the year.

Sincerely,

Katelyn Z. Milius

Katelyn Milius, Planner
Commission Secretary