



**CITY OF WILLOWICK PLAN REVIEW BOARD  
APPLICATION FOR PERMIT TO OCCUPY FOR  
BUSINESS, COMMERCIAL, INDUSTRIAL, ETC.  
YOU MUST FILL OUT ENTIRE APPLICATION  
440-516-3000**

PERMIT FEE: \$60.00

DATE: 02/26/2024

Location of Occupancy: 32417 Vine St Business Name: Pats Hair World  
Willowick, OH 44095 Hairline Redesigned

Business Owner's Name & Address: Tracy Whitman 5194 Robinhood Dr. Willoughby, OH 44094

CITY/STATE/ZIP: Pat Sanzo 810 Orchard Rd, Willoughby, OH 44094

Telephone Number: 440-283-7967 Pats # 440-749-4215 Federal ID Number: 4861401  
Or Social Security Number

OWNER OF PROPERTY/NAME/ADDRESS/TELEPHONE NUMBER: Math Darcy 32341 Vine St.  
Willowick, OH 44095

SUBMIT NEW DETAILED FLOOR PLAN: \_\_\_\_\_ SQ. FT. HABITABLE FLOOR AREA FOR OCCUPANCY: 12x16

Building Size: 2500 sq ft Total Number Of Employees: 1

Intended Number of Occupants: 2-3 Total Number of Seating: 1

Site Plan With Number of Paved Parking Spaces: 30 Hours Of Operation: 9am - 5pm

Letter of Intent: \_\_\_\_\_ Previous Use: Salon Proposed Use: Permanent Makeup

NAME OF PRINCIPAL OR CONTACT PERSON FOR NEW BUSINESS: Tracy Whitman

Home Address/City/Zip: 5194 Robinhood Dr. Willoughby, OH 44094 Telephone Number: 440-283-7967

*I hereby certify that the above questions have been answered correctly by me and that the premises will be used for the purpose stated above. Any change in the purpose of occupancy will not be made without approval from Lake County Building, Willowick Fire & Willowick Zoning Department. A final approval by The Willowick Building Dept. (440)516-3000 or a representative thereof, must be complied with before opening of business. I do hereby further agree to maintain the above premises in compliance with the ordinances of the City of Willowick.*

Applicant's Signature: Tracy Whitman Date: 02/26/2024

**Office use only:**

Zoning District: \_\_\_\_\_ Authorized Occupants: \_\_\_\_\_

TEMPORARY APPROVED BY: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Dept. Inspected by: \_\_\_\_\_ DATE: \_\_\_\_\_

Zoning Permit # \_\_\_\_\_ Zoning Permit Fee \$ \_\_\_\_\_

Fire Dept. Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

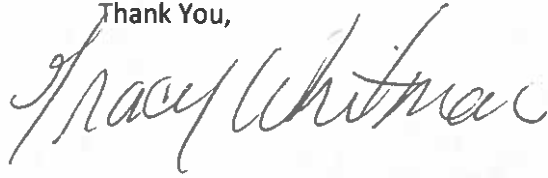
**CITY OF WILLOWICK-APPLICATION FOR COMMERCIAL ESTABLISHMENT LICENSE REQUIRED AFTER APPROVAL.**  
Note\* A separate permit is required for all new signs from the Willowick Building Department.

# Letter of Intent

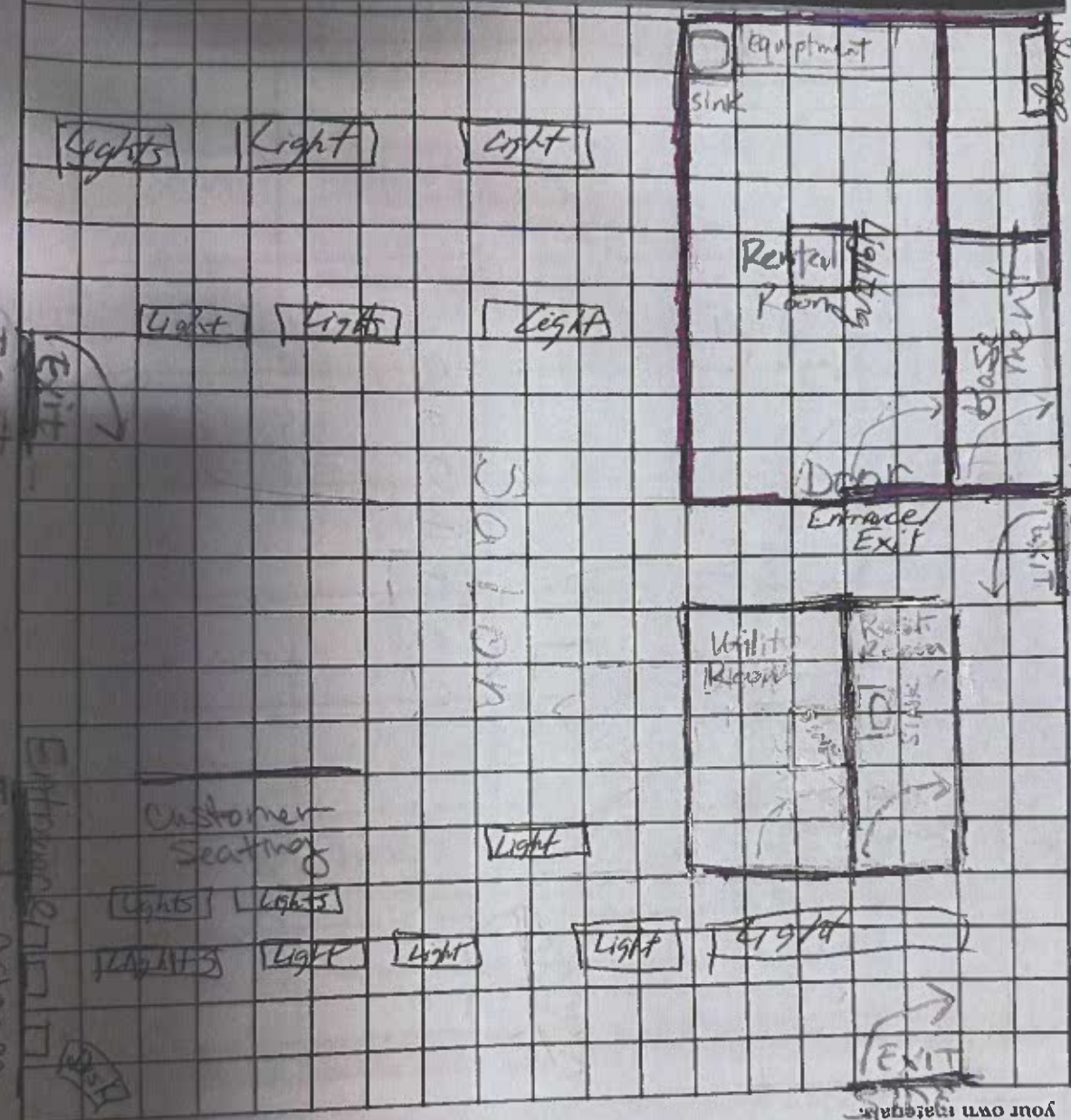
To whom it may concern,

My intent for my business is to do permanent makeup. I will create the look of makeup on the face and head with a tattoo machine or pen. The pigments will be used to create a natural and or makeup colors that the client chooses. These pigments will be permanent and semi-permanent.

Thank You,

A handwritten signature in black ink that reads "Tracy Whitman". The signature is written in a cursive, flowing style.

Tracy Whitman, Owner, Hairline Redesigned



Provide a floor plan of the total area to be used for the business. Include the square footage of all areas to be used, general layout, location of sinks, lighting, equipment, entrances and exits, and restroom facilities. Use the grid below to complete a scale drawing of the floor plan or attach one created using your own materials.

### Floor Plan

● = Hairline Redesigned

FRONT