



Case No. _____

Date Filed _____

Please use ink

PLANNING COMMISSION
SITE PLAN REVIEW APPLICATION

Type of Application:

- _____ PUD _____ Multi-Family Dwellings Over 6 Units on a Single Lot
_____ Conditional Use _____ Commercial/Industrial Development Within 200 Feet of a Residential District

Street Address _____

City Lot Number(s) _____ Zoning District _____

OWNER OF PROPERTY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If you are the applicant, and not the property owner, what is your legal interest in the property?
(i.e. renter, business owner, etc.)

Name, address and telephone number of person to contact for further information if different from the property owner or applicant.

Description of proposal: _____

Comments _____

I, _____ having been duly sworn, solemnly swear that I am the owner/applicant of the property described above and that I am familiar with the rules and regulations set for in the Zoning Ordinance for the City of West Carrollton, Ohio. I further swear that all information shown on the application and attachments is in all respects, true and correct to the best of my knowledge and belief.

In addition, I understand that the city will give notice of the public hearing by posting a "Zoning Request" sign at the location listed on the application until final decision is made on the application.

Owner of Property

Applicant (If different from owner)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public