



Case No. _____
Date: _____

## SITE PLAN REVIEW APPLICATION

By virtue of this application, the undersigned owner(s) hereby request a Site Plan Review on the subject property as described below.

1. Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

2. Owner's Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

3. Legal description of subject property: (City Lot #): \_\_\_\_\_

(Address): \_\_\_\_\_

4. Area of subject property: \_\_\_\_\_ acres.

5. Existing zoning: \_\_\_\_\_

6. Existing use: \_\_\_\_\_

Proposed use: \_\_\_\_\_

7. Supporting Information: The owner/agent must:

A. Eight (8) copies of a plan of the site plan of the proposed development showing the location of all buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards, schedule of development, and such other information as may be required to determine if the proposed rezoning meets the intent and requirements of this ordinance. See Chapter 1294 of the Zoning Ordinance of Miamisburg, Ohio.

B. List all those persons (including current addresses) having an interest in the subject property whose consent is required to authorize the processing of this application.

NAME (please print)

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Development / Planning / Inspection Departments

20 E. Central Ave. • Miamisburg, Ohio 45342  
937-847-6532 • FAX 937-847-6662

NOTE: For Telecommunications Towers only, a fee of \$500.00 is required.

The owner(s) and/or the owner's agent certify that the information contained herein, and any information provided as exhibits herewith, is correct. The owner(s) also by virtue of this request grants to those public officials/staff responsible for the review of this application, permission to inspect the subject property.

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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**FOR OFFICE USE ONLY**

Fee: \_\_\_\_\_

Received by: \_\_\_\_\_