



DEVELOPMENT DEPARTMENT

47 Hall Street | Powell, OH 43065 | 614.885.5380 | cityofpowell.us

Planning Department Application

The following form is used for all Planning and Zoning Commission, Board of Zoning Appeals, and Historic Downtown Advisory Committee applications. All items on this application must be completed, please provide all required documents and the applicable fee per the [City's fee schedule](#).

APPLICATION DETAILS											
Address:											
Subdivision / Neighborhood:											
Existing Zoning:	Proposed Zoning (if applicable):										
Existing Use:	Proposed Use (if applicable):										
Application Type (select all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sketch Plan</td> <td><input type="checkbox"/> Certificate of Appropriateness</td> </tr> <tr> <td><input type="checkbox"/> Preliminary Development Plan</td> <td><input type="checkbox"/> Conditional Use</td> </tr> <tr> <td><input type="checkbox"/> Final Development Plan</td> <td><input type="checkbox"/> Subdivision without Plat</td> </tr> <tr> <td><input type="checkbox"/> Amended Final Development Plan</td> <td><input type="checkbox"/> Variance</td> </tr> <tr> <td><input type="checkbox"/> Zoning Map Amendment</td> <td><input type="checkbox"/> Zoning Appeal</td> </tr> </table>		<input type="checkbox"/> Sketch Plan	<input type="checkbox"/> Certificate of Appropriateness	<input type="checkbox"/> Preliminary Development Plan	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Final Development Plan	<input type="checkbox"/> Subdivision without Plat	<input type="checkbox"/> Amended Final Development Plan	<input type="checkbox"/> Variance	<input type="checkbox"/> Zoning Map Amendment	<input type="checkbox"/> Zoning Appeal
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<input type="checkbox"/> Amended Final Development Plan	<input type="checkbox"/> Variance										
<input type="checkbox"/> Zoning Map Amendment	<input type="checkbox"/> Zoning Appeal										
Summary of the proposed development, project, or request (attach all required documents):											

CONTACT INFORMATION**Applicant**

Name:

Address:

Email:

Phone:

Property Owner

Name:

Address:

Email:

Phone:

Design Professional

Name:

Address:

Email:

Phone:

ACKNOWLEDGEMENT

I agree to grant the City Staff, Commission, Board or Council considering this application access to the property listed for the purposes of reviewing this request and to post public notice if and when this application is on an agenda for a public hearing.

Applicant Signature:

Date:

A FINAL DEVELOPMENT PLAN APPROVAL SHALL EXPIRE AND MAY BE REVOKED IF CONSTRUCTION DOES NOT BEGIN WITHIN TWO (2) YEARS FROM THE DATE OF ISSUANCE OF THE APPROVAL.

FOR OFFICE USE ONLY

Date Submitted:

Total Fee:

Payor:

Receipt #: