



**CITY OF POWELL**  
**PLANNING AND ZONING COMMISSION (P&Z)**  
**ADMINISTRATIVE REVIEW APPLICATION**

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

**Application Fee: \$300.00**

**Applicant:** Ron's Express Carwash & Oil Change, Inc

Address/City/State/Zip: 8888 Moreland Street, Powell, Ohio 43065

Email Address: jeannehmorr@gmail.com

Phone No: 740-881-2378

Cell Phone No: 614-402-0728

Fax No: 740-881-2377

**Property Owner:** Jeanne Huber Morr

Address/City/State/Zip: 1350 Wingate Drive, Delaware, Ohio 43015

Email Address: jeannehmorr@gmail.com

Phone No: \_\_\_\_\_

Cell Phone No: 614-402-0728

Fax No: \_\_\_\_\_

**Architect/Designer for Applicant:** Rod Arter

Address/City/State/Zip: 1888 N Franklinton Street, Delaware, Ohio 43015

Email Address: arterart@collumbus.rr.com

Phone No: 740-368-9700

Cell Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

**Property Address:** 8888 Moreland Street, Powell, Ohio 43015

Lot Number/Subdivision: \_\_\_\_\_ Existing Use: Automotive Proposed Use: same

Reason for Administrative Review (attach necessary documents): POS addition & interior cleaning for wash

Checklist:

- Attach **12 copies** of plot plan as well as any other drawings or written material that will help the Administration and Commission understand the nature of the proposal.
- Provide a PDF copy of all plans, drawings, text, any other items, and application on a CD.
- Attach the required fee - \$300.00 for an Administrative Review

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Applicant: *Jeanne Morr*

Date: 6-23-2015

Office Use
Received

Office Use
AMT _____
TYPE/DATE _____
RECEIPT # _____
PAYOR _____
Payment