



PLANNING AND ZONING COMMISSION (P&Z) FINAL DEVELOPMENT PLAN APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

**Application Fee: \$700.00 + \$100.00 per acre
Per Fee Schedule**

Applicant: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Owner: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Architect/Designer for Applicant: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Address: _____

Lot Number/Subdivision: _____ Existing Use: _____ Proposed Use: _____

Reason for Administrative Review (attach necessary documents):

Checklist:

- Preliminary Plan requirements set forth in Section [1143.11\(c\)](#) and Final Plan requirements set forth in Section [1143.11\(i\)](#).
- Provide any other information that may be useful to the Planning and Zoning Commission or City Staff in the space below or attach additional pages.
- 5 copies** of all drawings, text, any other items, and application.
- 1 digital copy** (CD, USB, Email) of the complete application packet.
- Attach the required fee - \$700.00 + \$100.00 per acre.
- Post a public notice sign at least (10) days prior to a public hearing or public meeting, pursuant to ordinance 1107.035

Public notice sign details found [here](#).

(See Over)

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

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: _____ Date: _____

Office Use
Received

Office Use	
Type/Date:	_____
Base Fee:	_____ \$700.00 _____
Per Acre:	_____ \$100.00X () = _____
Total:	_____
Prepared by:	_____
Reviewed by:	_____
PAYOR:	_____
RECIEPT #	_____

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