



## PLANNING AND ZONING COMMISSION (P&Z) MINOR AMENDMENT TO APPROVED DEVELOPMENT PLAN APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

**Application Fee: \$550.00**  
**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:**

- ☐ Legal description of the property
- ☐ Vicinity Map
- ☐ Written Text explaining nature of amendment being requested.
- ☐ Amended Final Development Plan drawing(s) (site plan, elevation drawings, etc.) needed to show proposed amendment.
- ☐ 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.
- ☐ **Paper copy** of all drawings, text, any other items, and application
- ☐ **1 digital copy** (CD, USB, Email) of the complete application packet.
- ☐ Attach the required fee - \$550.00
- ☐ 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: <u>          \$550.00          </u>
Prepared by: _____
Reviewed by: _____
PAYOR: _____
RECIEPT # _____

City of Powell · 47 Hall Street · Powell, Ohio 43065 · (614) 885-5380 · (614) 885-5339 fax· [www.cityofpowell.us](http://www.cityofpowell.us)