

CITY OF WELLSTON
PLANNING AND ZONING COMMISSION APPLICATION

Please Check Appropriate Box(es)

- | | |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Preliminary Site Plan (Fee \$50 + \$10/Acre) | <input type="checkbox"/> Final Site & Architectural Review (Fee \$50 + \$10/Acre) |
| <input type="checkbox"/> Architectural Review/Re-Imaging (Fee \$50) | <input type="checkbox"/> Rezoning (Fee \$100 + \$10/Acre) |
| <input checked="" type="checkbox"/> Preliminary Subdivision (Fee \$100 + \$5/Lot) | <input type="checkbox"/> Final Subdivision (Fee \$200 + \$10/Lot) |
| <input type="checkbox"/> Miscellaneous Review (Fee \$25): Type: _____ | |

PROJECT INFORMATION (Please Print)

Project Address: _____ Zoning: _____

Parcel Number(s): _____

COMPLETE BELOW AS APPLICABLE (Please Print)

Proposed Use: _____

Building Area: _____ Lot Acreage: _____

Number of Sublots: _____ Acreage in Sublots: _____

Acreage in Open Space or Village Green: _____ Proposed Zoning Classification: _____

NAME AND ADDRESS OF APPLICANT: (Print Full Address)

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

NAME AND ADDRESS OF PROPERTY OWNER: (Authorization required if different than Applicant)

Company Name: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

The undersigned Owner agrees that the above person (Applicant) shall, for the sole purpose(s) set forth herein, have the full authority to act as an agent for the Property Owner shall be, for all purposes set forth herein, deemed an agent in the direct employment of the above-referenced for the following purposes (provide a complete description of the scope of the agency relationship): and shall have full power and authority to act in the name of the above-referenced, make application(s), receive information and notices, represent, and bind same in any matters falling within the scope of the purpose(s) set forth herein above.

OWNER SIGNATURE: _____ **DATE:** _____

Staff Use Only:

Fee Paid Notice Sign Given to Applicant Meeting Date: _____

Zoning Commission meetings are at 4 p.m. on the first floor of the Municipal Building in Conference Room, 2nd Wednesday of the Month

Received By: _____

Wellston Municipal Building, 203 East Broadway Street, Wellston, Ohio 45692 www.cityofwellston.org

Department of Zoning Phone 740-384-3482 \ Fax 740-384-3357 \ Email: CODE@cityofwellston.org

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SUBDIVISION NAME: _____

THE FOLLOWING ITEMS SHALL BE ADDRESSED AS PART OF THE APPLICATION:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ Location Map (1" = 1000') | _____ Location of existing water bodies, streams, and drainage ditches and other important features. |
| _____ Name of Subdivision | _____ Topography with a maximum contour interval of two feet. Elevations shall be based on mean sea level datum obtained from bench marks established by the City. |
| _____ Name & Address of Developer | _____ Location of any Jurisdictional wetlands on the site as delineated by an expert acceptable to the U.S. Army Corps of Engineers |
| _____ Name of Surveyor / Engineer | _____ Location and Size of Existing Utilities (Sanitary Sewers, Water Mains and Storm Sewers) |
| _____ North Arrow, Scale and Date (Scale shall be 1" = 100') | _____ Preliminary proposal for sanitary sewers, water mains and collection & discharge of surface water |
| _____ Names of Adjoining Property Owners | _____ Tree management Plan indicating trees to be preserved. |
| _____ Current Zoning of Property & Adjacent Property | _____ Location, width, names and classification of all existing and proposed streets, right of ways, and easements (and their designated uses) |
| _____ Location & Dimensions of all boundary lines of property to be subdivided and of adjacent properties | _____ Proposed Street Names |
| _____ The approximate location, area and dimensions of all proposed lots | _____ Development Phasing (if applicable) |
| _____ Location, dimensions, and area of all property to be set aside for parks, open space, or other public or private reservation, with designation of the purpose and proposed ownership thereof. | _____ Letter from The Wellston Sanitary Department and Water Department indicating that the existing utility systems are capable of meeting the projected demands to be generated by the proposed project |
| _____ Indication of the proposed use of any lot other than residential | |
| _____ Lots shall be numbered consecutively and total number of lots and combined acreage indicated on the plat. | |
| _____ Trip Generation Study | |

NOTES: A total of 19 copies of the plans are required. NO SHEET SHALL EXCEED 42" IN SIZE. 14 Copies can be submitted as 11" x 17" if they are legible. The other five (5) sets are required to be full size. A digital copy of all plans and documents shall also be submitted. This can be either via email (10 MB maximum), DVD, flash drive or other means. It is suggested and encouraged that the Applicant schedules a pre-application conference with the Planning and Zoning Inspector and the City Engineer prior to site plan submittal for Planning and Zoning Commission review. Additional or revised information for tabled agenda items need to be submitted at least ten (10) working days prior to the Planning and Zoning Commission meeting. Questions can be directed to the Planning and Zoning Development at (740)384-3842.