



6701 GREENWICH ROAD
P. O. BOX 750
WESTFIELD CENTER, OH 44251
330-887-5151

SITE PLAN REVIEW APPLICATION

APPLICANT'S NAME: _____
APPLICANT'S ADDRESS: _____
APPLICANT'S TELEPHONE NUMBER: _____
APPLICANT'S SIGNATURE: _____ DATE: _____
PROPERTY OWNER INFORMATION (IF NOT APPLICANT):
PROPERTY OWNER'S NAME: _____
PROPERTY OWNER'S ADDRESS: _____
PROPERTY OWNER'S TELEPHONE NUMBER: _____
PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

PROPERTY ADDRESS: _____

PARCEL NUMBER: _____ ZONING DISTRICT: _____

CURRENT USE OF PROPERTY: _____

(Note: If the use of the property is changing, a "CHANGE OF USE PERMIT" will also be required.)

To ensure your application will not be returned as incomplete, please attach the following documentation:

A. TWO (2) COPIES OF ARCHITECTURAL PLANS SHOWING EXTERIOR ELEVATIONS AND FLOOR PLANS. IF EXTERIOR ELEVATIONS ARE NOT AVAILABLE, REASONABLE GRAPHIC REPRESENTATIONS MAY BE SUBMITTED; AND,

B. EIGHT (8) COPIES (PLUS AN ELECTRONIC COPY, IF AVAILABLE) SHOWING THE FOLLOWING ITEMS AND DRAWN TO SCALE OF EITHER ONE HUNDRED FEET (100') OR FIFTY FEET (50') TO THE INCH:

- 1) GENERAL VICINITY MAP;

- 2) PROPERTY BOUNDARY LINES AND SETBACK LINES;
- 3) ELEVATION CONTOURS (EXISTING AND PROPOSED);
- 4) TRAFFIC AND CIRCULATION PLAN
- 5) ADJACENT STREETS;
- 6) PARKING AND LOADING PLAN;
- 7) LANDSCAPING PLAN;
- 8) GRADING AND EROSION CONTROL, SURFACE DRAINAGE PLAN;
- 9) PROPOSED SIGNAGE;
- 10) FOOTPRINTS OF EXISTING AND PROPOSED PRINCIPAL AND/OR ACCESSORY STRUCTURES;
AND/OR BUILDINGS
- 11) UTILITIES PLAN;
- 12) ALL EASEMENTS AND RIGHTS-OF-WAY AFFECTING THE SITE.

(ALL SITE PLAN DRAWINGS SHALL BE CLEARLY DRAWN AND PREPARED BY A PROFESSIONAL ENGINEER, ARCHITECT OR SURVEYOR, AS APPLICABLE, AND SHALL BEAR THEIR PROFESSIONAL SEAL.)

C. THE APPLICATION SHALL BE ACCOMPANIED BY THE REQUIRED FEE (EXHIBIT V, FEE SCHEDULE)

D. A LIST OF THE NAMES AND ADDRESSES OF ALL PROPERTY OWNERS WITHIN TWO HUNDRED FEET (200') OF THE PROPERTY LINES OF THE SUBJECT PROPERTY, AS THEY APPEAR ON THE COUNTY AUDITOR'S CURRENT TAX LIST OR TREASURER'S MAILING LIST.

E. COPIES OF THE CURRENT TAX MAP PAGES FOR THE SUBJECT AND ABOVE PROPERTIES.

F. PROJECT COST ESTIMATES.

PLAN REVIEWED BY ZONING INSPECTOR: _____
DATE SIGNATURE

ZONING INSPECTOR COMMENTS: _____

VARIANCE(S) REQUIRED INCLUDING APPLICABLE SECTION OF ZONING CODE:

POLICE DEPARTMENT COMMENTS: _____

FIRE DEPARTMENT COMMENTS: _____

VILLAGE ENGINEER COMMENTS: _____

ADDITIONAL COMMENTS FROM (MEDINA COUNTY PLANNING AND/OR THE MEDINA COUNTY BUILDING DEPARTMENT) (MEDINA COUNTY SANITARY ENGINEERS) (MEDINA COUNTY HEALTH DEPARTMENT) MAY BE ATTACHED TO THIS APPLICATION.

OFFICE USE ONLY

RECEIPT OF FEES:

FEE	PAYMENT METHOD	DATE PAID	PAY-IN NUMBER

HEARING DATE AND TIME: _____ / _____

APPLICANT/PROPERTY OWNER NOTIFIED OF HEARING DATE AND TIME: _____

CONTIGUOUS PROPERTY OWNERS NOTIFIED OF HEARING DATE AND TIME: _____

HEARING DATE AND TIME ADVERTISED: _____

HEARING DATE AND TIME POSTED TO VILLAGE WEBSITE: _____

SPECIAL STUDIES REQUIRED: _____	
FEE: _____	DATE FEE PAID BY APPLICANT: _____
DEPOSIT REQUIRED: _____	DEPOSIT AMOUNT: _____
DEPOSIT PAID: _____	PAYMENT METHOD: _____
DATE DEPOSIT RETURNED (IF APPLICABLE): _____	CHECK NO. _____