



CITY OF AVON

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PLANNING COMMISSION APPLICATION

PROJECT NAME: _____

TYPE OF REQUEST: please check one that applies

<input type="checkbox"/> RESIDENTIAL SUBDIVISION-PRELIM. PLAT	<input type="checkbox"/> INFORMAL PRESENTATION
<input type="checkbox"/> RESIDENTIAL SUBDIVISION-FINAL PLAT	<input type="checkbox"/> LOT SPLIT/CONSOLIDATION
<input type="checkbox"/> GENERAL DEVELOPMENT PLAN	<input type="checkbox"/> MASTER PLAN AMENDMENT
<input type="checkbox"/> FINAL DEVELOPMENT PLAN	<input type="checkbox"/> REFERRAL TO COUNCIL
<input type="checkbox"/> ZONING CHANGE	<input type="checkbox"/> CODE AMENDMENT*
<input type="checkbox"/> SPECIAL USE PERMIT**	<input type="checkbox"/> OTHER _____

**Requirements & procedures described in the attached Chapters of the Avon Planning and Zoning Code 1230.03, 1228.02, 1228.06, 1228.07

*Must provide a copy of the proposed legislation

DATE APPLICATION COMPLETED: _____

(Fee worksheet attached)

REQUIRED FEE: _____ **DATE FEE PAID:** _____

APPLICANT: _____

ADDRESS: _____ **PHONE** _____

EMAIL: _____

*If applicant is different from owner, attach an affidavit of the owner granting permission to the applicant to act on their behalf

OWNER: _____

OWNER ADDRESS: _____ **PHONE** _____

EMAIL: _____

*If more than one owner, please identify all owners in a separate attachment

LOCATION: _____

PROJECT DESCRIPTION: _____

TOTAL ACRES: _____ **TOTAL # OF LOTS:** _____ **BUILDING SIZE:** _____

P.P #'s INVOLVED: _____

PLEASE FURNISH THE PLANNING OFFICE 10 COPIES OF 2 X 3 DRAWINGS AND 1 PDF OR ELECTRONIC FILE OF THE PROJECT ALONG WITH THIS APPLICATION AND THE REQUIRED FEE 29 DAYS BEFORE THE MEETING DATE.

