City of Avon

Planning Department
36600 Detroit Road · Avon, OH 44011 · Phone (440) 937-7823 · Fax (440) 937-7824 · www.cityofavon.com

PLANNING DEPARTMENT
PLANNING COMMISSION APPLICATION

Project Name: _____

Type of Request (check all that apply)**:**

___ Residential Subdivision-Prelim. Plat
___ Residential Subdivision-Final Plat
___ General Development Plan
___ Final Development
___ Zoning Change
___ Special Use Permit**
___ Informal Presentation
___ Lot Split/Consolidation
___ Master Plan Amendment
___ Referral to Council
___ Code Amendment*
___Minor Modification
___Other _____

**Requirements & procedures described in the following Chapters of the Avon Planning and Zoning Code: 1228.02, 1228.06, 1228.07, 1230.03
*Must provide a copy of the proposed legislation

Date Application Completed: _____

Required Fee: _____ **Date Fee Paid:** _____

Applicant Name: _____

Applicant Company: _____

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 separate attachment

Location: _____

Project Description: _____

Total Acres: _____ **Total # of Lots:** _____ **Building Size:** _____
P.P #'s Involved: _____
Zoning District: _____

PLEASE FURNISH THE PLANNING OFFICE WITH 3 COPIES OF 24x36 DRAWINGS, 7 COPIES OF 11x17 AND 1 PDF/ELECTRONIC FILE OF THE PROJECT ALONG WITH THIS APPLICATION AND THE REQUIRED FEE 29 DAYS BEFORE THE MEETING DATE.