



CITY OF CHILLICOTHE OHIO

Planning & Zoning Division
35 South Paint St.
Chillicothe, Ohio 45601

Agenda Item Number: _____

Date Application Received: _____

PLANNING COMMISSION APPLICATION

Name of Applicant: _____

Address of Property: _____

Description of property and specify request made:

1. APPLICATION FOR: (please check the appropriate box)

<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	Rezoning
<input type="checkbox"/>	Landscape Plan	<input type="checkbox"/>	Lot Split/Consolidation
<input type="checkbox"/>	Conditional Use	<input type="checkbox"/>	Conditional Use
<input type="checkbox"/>	Preliminary Plat	<input type="checkbox"/>	Preliminary Plat
<input type="checkbox"/>	Plats	<input type="checkbox"/>	Plats
<input type="checkbox"/>	Site Construction Drawings	<input type="checkbox"/>	Site Construction Drawings

2. REVIEW BY CITY ENGINEER (explain briefly or refer to attached sheet):

The undersigned has checked the petition for zone change for conformity with Section 1129.02 of the Revised Ordinances.

City Engineer: _____ Date: _____

3. PLANNING COMMISSION ACTION:

a) Re-Zoning: Approval Disapproval Date: _____

Public Hearing Date: _____ Date of Notice: _____

Remarks: _____

b) Plat Approval: Approval Disapproval Date: _____

Public Hearing Date: _____ Date of Notice: _____

Remarks: _____

c) Lot Split: Approval Disapproval Date: _____

Public Hearing Date: _____ Date of Notice: _____

Remarks: _____

d) Other: _____ Approval Disapproval Date: _____

Public Hearing Date: _____ Date of Notice: _____

Remarks: _____

Date Submitted to Council: _____