



## PLANNING & ZONING APPLICATION

CITY OF DEFIANCE \* 631 PERRY STREET \* DEFIANCE \* OHIO \* 43512

419.784.2249 \* [www.cityofdefiance.com](http://www.cityofdefiance.com)

### APPLICATION CHECKLIST

	REZONING	SITE PLAN REVIEW	VACATION street or alley	VARIANCE	CONDITIONAL USE PERMIT	MINOR SUBDIVISION	MAJOR SUBDIVISION: PRELIMINARY PLAT	MAJOR SUBDIVISION: FINAL PLAT
<i>Please refer to Chapter 1165 of the City of Defiance Planning &amp; Zoning Code for specific review requirements.</i>								
<b>Completed Application with signatures</b>	X	X	X	X	X	X	X	X
<b>Application Fee</b>	\$300	\$25	\$250/ \$750	\$300	\$300	*	*	*
<b>Drawings, plans, &amp; surveys submitted electronically to:</b> <i>Planning Commission Clerk – Niki Warncke nwarncke@cityofdefiance.com</i>	X	X	X	X	X	X	X	X
<b>Site Plan</b> <i>Including Landscape Plan, Utility Plan, elevation drawings, and any other items deemed appropriate to aid in review</i>		X		X				
<b>Stormwater Management Plans</b> <i>Refer to Chapter 1174: Storm Water Management Regulations</i>		X					X	X
<b>Preliminary Plat</b>							X	
<b>Final Plat</b>								X
<b>Survey</b>			X			X	X	X
<b>Petition for Vacation</b>			X					
<b>Park &amp; Playground Fee Calculations</b> <i>Refer to Chapter 1167: Subdivision and Improvement Standards</i>						X	X	X
<b>Park/Open Space Fee Requirement</b>						X		X

\* Contact Connie Seimet at 419.784.2249 or [cseimet@cityofdefiance.com](mailto:cseimet@cityofdefiance.com) to determine fee.



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Rezoning  
 Site Plan Review  
 Vacation (street or alley)

Variance  
 Conditional Use Permit  
 Minor Subdivision

Major Subdivision  
 Preliminary Plat  
 Final Plat

### LOCATION

Certified Address: \_\_\_\_\_

Is this application being annexed into the City of Defiance?  Yes  No (select one)

*If this site is currently pending annexation, applicant must show documentation of county commissioner's adoption of the annexation petition.*

Parcel Number(s) for Certified Address: \_\_\_\_\_

Current Zoning District(s): \_\_\_\_\_ Requested Zoning District(s): \_\_\_\_\_ Acreage: \_\_\_\_\_

Proposed use or reason for rezoning/variance/conditional use request: \_\_\_\_\_

### APPLICANT(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPERTY OWNER(S):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### ATTORNEY/AGENT: Attorney Agent (check one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURES:** All signatures must be provided and signed in **blue ink**.

Applicant: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Attorney/Agent: \_\_\_\_\_

My signature attests to the fact that the attached application package is complete and accurate to the best of my knowledge. I understand that the city staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc may delay review of this application.

Date Received: \_\_\_\_\_ Fee: \_\_\_\_\_ Check No.: \_\_\_\_\_ Accepted By: \_\_\_\_\_

Effective date: January 1, 2020