



PLANNING & ZONING APPLICATION

CITY OF DEFIANCE * 631 PERRY STREET * DEFIANCE * OHIO * 43512
419.784.2249 * www.cityofdefiance.com

APPLICATION CHECKLIST

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

* Contact Connie Seimet at 419.784.2249 or 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