

**Spring Valley Village
Planning Commission**

7 N. Main St., Spring Valley OH 45035- • (937) 862 -4485 • FAX (937) 862-4485

APPLICATION TO PLANNING COMMISSION

- REZONING SITE PLAN REVIEW
 TEXT AMENDMENT ADMINISTRATIVE APPEAL OTHER _____

PART 1. PROJECT INFORMATION (Part 1. Pertains to Rezoning requests, Site Plan Reviews)

PROJECT NAME: _____

LEGAL DESCRIPTION OF PROPERTY: V.M.S. # _____ DEED BOOK _____ PAGE _____ TAX ID: BOOK _____ PAGE _____ PARCEL _____

STREET LOCATION: _____ at _____ or
(distance) _____ (direction) from the intersection of _____ and _____

PROJECT DESCRIPTION (use continuation sheet if necessary):

CURRENT ZONING CLASSIFICATION:	PROPOSED ZONING CLASSIFICATION:	ACREAGE OF PROPOSED PROJECT:
PROPOSED LAND USE : <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PUBLIC / RECREATIONAL <input type="checkbox"/> OFFICE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OTHER _____	ADJACENT LAND USE: (Residential, Commercial, etc.) _____	

PART 2. DESCRIPTION OF REQUEST (Part 2. Pertains to Text Amendments, Administrative Appeals, and all other requests)

REASON(S) FOR REQUEST (use continuation sheet if necessary):

SECTION(S) OF THE PLANNING AND ZONING CODE THIS APPEAL OR AMENDMENT IS RELEVANT:

PART 3. PROPERTY OWNER INFORMATION (if applicable)

NAME OF PROPERTY OWNER: _____

STREET ADDRESS OF PROPERTY OWNER: _____ TELEPHONE NUMBER OF PROPERTY OWNER: _____

CITY / STATE/ ZIP CODE OF PROPERTY OWNER: _____ FAX NUMBER OF PROPERTY OWNER: _____

PART 4. APPLICANT INFORMATION

NAME OF APPLICANT / AGENT: _____

STREET ADDRESS OF APPLICANT / AGENT: _____ TELEPHONE NUMBER OF APPLICANT / AGENT: _____

CITY / STATE/ ZIP CODE OF APPLICANT / AGENT: _____ FAX NUMBER OF APPLICANT / AGENT: _____

SEE ZONING CODE FOR APPLICATION REQUIREMENTS AND PLANS SUBMITTAL.

I hereby certify that I am, or represent, the legal owner of the property described above and do hereby submit this request for approval to the Spring Valley Village Planning Commission for consideration of approval. I agree to reimburse the Village of Spring Valley for expenses incurred by the Village for services of technical consultants to evaluate data required for the approval of this application. I understand the Village must receive this reimbursement before any approval is issued.

In conjunction with this application I hereby consent to the inspection of the subject property by the Village of Spring Valley and its authorized representatives.

Signature: _____

Date: _____

PART 5. DEPARTMENTAL USE ONLY

DATE OF PLANNING COMMISSION PUBLIC HEARING: _____	RECOMMENDATION OF PLANNING COMMISSION: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL	CASE NUMBER: _____	FEE: _____ <i>The application will not be processed until proper fee is received.</i>
DATE OF VILLAGE COUNCIL PUBLIC HEARING: _____	RULING OF VILLAGE COUNCIL: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL	ORDINANCE NUMBER: _____	