



Department of Community Development
Planning Division

101 N. Detroit St. • Xenia, OH 45385-2996 • (937) 376-7284 • FAX (937) 372-8151
www.ci.xenia.oh.us

APPLICATION TO PLANNING AND ZONING COMMISSION

- REZONING SITE PLAN REVIEW CERTIFICATE OF APPROPRIATENESS
- TEXT AMENDMENT ADMINISTRATIVE APPEAL OTHER _____

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

PROJECT NAME: _____

LEGAL DESCRIPTION OF PROPERTY: V.M.S. # _____ DEED BOOK _____ PAGE _____	TAX ID: BOOK _____ PAGE _____ PARCEL _____
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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: _____ E-MAIL ADDRESS OR CELL PHONE NUMBER: _____

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 ATTACHMENT 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 City of Xenia Planning and Zoning Commission for consideration approval. I agree to reimburse the City of Xenia for expenses incurred by the City for services of technical consultants to evaluate data required for the approval of this application, as per Ordinance # 92-36(see reverse). I understand the City must receive this reimbursement before any approval is issued.

Signature: _____

Date: _____

PART 5. DEPARTMENTAL USE ONLY

DATE OF PLANNING & ZONING COMMISSION PUBLIC HEARING:	RECOMMENDATION OF PLANNING & ZONING 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 CITY COUNCIL PUBLIC HEARING:	RULING OF CITY COUNCIL: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DENIAL	ORDINANCE NUMBER:	