

CLINTON TOWNSHIP ZONING PERMIT/SITE PLAN REVIEW APPLICATION

**ARTICLE 100-17A
Planned Industrial/Business Park (M3)**

Permit # _____

The undersigned applies for a zoning permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans (drawn to scale) showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations, including existing buildings located within 500 feet of the proposed development.

1. Name of Owner: _____

Mailing Address: _____

Telephone: (home) _____ (business) _____

2. Parcel Address: _____

4. Per Article 100-17A.3 of the Clinton Township Zoning Code, a Site Plan shall be required. The following checklist contains elements required in the Site Plan.

- | | | | |
|--------|--------------------------|---------|---------------------------------|
| 1. ___ | Stormwater | 7. ___ | Fencing |
| 2. ___ | Building Locations | 8. ___ | Utilities |
| 3. ___ | Parking & Traffic | 9. ___ | Elevations |
| 4. ___ | Landscaping | 10. ___ | Access Points |
| 5. ___ | Setbacks & Right-of-Ways | 11. ___ | Preliminary Architectural Plans |
| 6. ___ | Lighting | 12. ___ | Signage |

5. Proposed Use: ___ Commercial Type of Use: _____
 ___ Industrial Type of Use: _____

6. Lot Size: Width _____ Depth _____ Lot Area _____

7. Square Feet of Main Building: _____
Square Feet of Accessory Buildings: _____

8. Building Heights: Stories _____ Feet _____

9. Yard Dimensions: Front Yard _____ Rear Yard _____
 One Side _____ Sum of Side Yards _____

10. Will applicant need access to State Highway? ___ Yes ___ No
(If yes, the Site Plan must depict the access point.)

11. Estimated Cost of Construction: \$ _____

Eight copies of the Site Plan shall be submitted.

This permit shall be void if work is not started within one (1) year or if the work is not completed.

Signature: _____ Date: _____

(For Office Use Only)

**M-3 DISTRICT
ZONING PERMIT/SITE PLAN REVIEW**

Permit # _____

Name of Applicant: _____

REVIEW AUTHORITY CHECKLIST

- | | | | |
|-----------------------------|----------------------|-----------------------------|------------------------------|
| 1. <input type="checkbox"/> | Planning Commission | 5. <input type="checkbox"/> | Township Trustee |
| 2. <input type="checkbox"/> | Economic Development | 6. <input type="checkbox"/> | Ohio Dept. of Transportation |
| 3. <input type="checkbox"/> | County Engineer | 7. <input type="checkbox"/> | Zoning Inspector |
| 4. <input type="checkbox"/> | Sanitary Engineer | 8. <input type="checkbox"/> | Landowner |

Date Application Received: _____ Fee Paid: \$ _____

Advisory Committee Recommendation: _____

Planning Director's Recommendation: _____

Date of Approval: _____ Date of Disapproval: _____