

PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT

9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

SITE PLAN AMENDMENT APPLICATION

Date _____

Applicant Name Applicant Address Phone # Fax #

Company Name Company Address Phone # Fax #

Property Owner Property Owner Address Phone # Fax #

Property Address Property Lot # Zoning District

Nature of this Application: _____

Code Section _____

_____ Site Plan Amendment Fee **\$300.00 plus cost of notices** (cost of notices billed separately).

Nineteen (19) copies of the prints are required with all related materials and fees paid before you will be placed on an agenda and meet with the Planning Commission.

I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.

Applicant Signature _____ Date _____

Property Owner Signature _____ Date _____

All Fees are non-refundable (per Code Section 149.01)

Rev Fee 04-28-05 Ord. 2005-47