CITY OF WELLSTON PLANNING AND ZONING COMMISSION APPLICATION

Please Check Appropriate Box(es)

☐ Preliminary Site Plan (Fee \$50 + \$10/Acre)	a. ee	Final Site & Architectural Review (Fee \$50 + \$10/Acre)		
☐ Architectural Review/Re-Imaging (Fee \$50)	Rezoning (Fee \$100 + \$10/Acre)			
☐ Preliminary Subdivision (Fee \$100 + \$5/Lot)	⊠ <mark>Final Sub</mark>	⊠Final Subdivision (Fee \$200 + \$10/Lot)		
☐ Miscellaneous Review (Fee \$25): Type:				
PROJECT	INFORMATION	(Please Print)		
Project Address:		Zoning:		
Parcel Number(s):				
COMPLETE BELOW AS APPLICABLE (Please Print) Proposed Use:				
Building Area:				
Number of Sublots:	Acr	Acreage in Sublots:		
Acreage in Open Space or Village Green:	Pro	posed Zoning Classification:		
NAME AND ADDRE	SS OF APPLICA	NT: (Print Full Address)		
Company Name:				
Contact Person:				
Street Address:				
City:	State:	Zip Code:		
Phone Number:	Cell Nu	mber:		
	Email Address:			
Fax Number: Email	Address:			
Fax Number: Email APPLICANT SIGNATURE:				
APPLICANT SIGNATURE:				
APPLICANT SIGNATURE:	Y OWNER: (Au	DATE: chorization required if different than Applicant)		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT	Y OWNER: (Aut	DATE:thorization required if different than Applicant)		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name:	Y OWNER: (Aut	DATE:		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address: City:	Y OWNER: (Aut	DATE: chorization required if different than Applicant) Zip Code:		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address:	Y OWNER: (Aut	DATE: chorization required if different than Applicant) Zip Code:		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address: City: Phone Number: Fax Number: Email	State:Cell Nun	DATE: chorization required if different than Applicant) Zip Code: nber:		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address: City: Phone Number:	State: Cell Nun Address: for the sole purpose(s) so direct employment of the sole purpose and authority to accomply the sole purpose to the sol	chorization required if different than Applicant) Zip Code: to forth herein, have the full authority to act as an agent for the Property to above-referenced for the following purposes (provide a complete tin the name of the above-referenced, make application(s), receive		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address: City: Phone Number: Fax Number: The undersigned Owner agrees that the above person (Applicant) shall, Owner shall be, for all purposes set forth herein, deemed an agent in the description of the scope of the agency relationship):and shall have full p	State: Cell Nun Address: for the sole purpose(s) se direct employment of the sower and authority to acc within the scope of the p	chorization required if different than Applicant) Zip Code: the forth herein, have the full authority to act as an agent for the Property to above-referenced for the following purposes (provide a complete tin the name of the above-referenced, make application(s), receive purpose(s) set forth herein above.		
APPLICANT SIGNATURE: NAME AND ADDRESS OF PROPERT Company Name: Contact Person: Street Address: City: Phone Number: Fax Number: The undersigned Owner agrees that the above person (Applicant) shall, Owner shall be, for all purposes set forth herein, deemed an agent in the description of the scope of the agency relationship):and shall have full p information and notices, represent, and bind same in any matters falling OWNER SIGNATURE: Fee Paid Notice Sign Given to Applicant	State: Cell Nun Address: for the sole purpose(s) se direct employment of the lower and authority to ac within the scope of the policant Meetor of the Municipal E	chorization required if different than Applicant) Zip Code: Date: Storth herein, have the full authority to act as an agent for the Property to above-referenced for the following purposes (provide a complete tin the name of the above-referenced, make application(s), receive purpose(s) set forth herein above. DATE: String Date: Building in Conference Room, 2 nd Wednesday of the Month		

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SUBDIVISION NAME:				
THE I	FOLLOWING ITEMS SHALL BE ADDRESSED A	S PAR	Γ OF THE APPLICATION	
	Stipulations per Preliminary Subdivision approval and City Engineers Preliminary Subdivision		Location and Size of Existing Utilities (Sanitary Sewers, Water Mains and Storm Sewers)	
	Comments addressed in writing. Location Map (1" = 1000')		Preliminary proposal for sanitary sewers, water mains and collection & discharge of surface water	
	Name of Subdivision Name & Address of Developer		Tree management Plan indicating trees to be preserved.	
	Name of Surveyor / Engineer North Arrow, Scale and Date (Scale shall be 1" = 100')		Location, width, names and classification of all existing and proposed streets, right of ways, and easements (and their designated uses)	
	Names of Adjoining Property Owners		Proposed Street Names	
	Property boundaries with length of courses in feet and hundredths, and bearings to not more than half seconds		Development Phasing (if applicable) Letter from The Wellston Sanitary Department approving the sewer construction drawings	
	Curve data for streets including the radii, arcs, chords, chord bearings, tangent and central angle.		Letter from Wellston Water Department approving the construction plans for the water distribution system.	
	Accurate dimensions for all lots, reserve parcels, right-of-way, and easements. Accurate location of all required monuments.		Copy of Application to US Army Corps of Engineer for any Disturbances of Jurisdictional Wetlands (2 copies) An acknowledgment by the owner that the plat was prepared with his consent and is accepted by him and dedicating the streets and the appropriate public areas to the City of Wellston. A statement signed by the owner setting forth the rights associated with the easements and reserve parcels shown on the plat	
	A summary of the area of land used for each of the following: lots, right-of-way and parks and other open space. Detailed construction plans prepared by a			
Ξ	registered engineer for all required improvements at a scale of 1"= 50' on a 24" x 36" sheets or at such other scale acceptable to the City Engineer			
	A landscape and erosion control plan.		Certification by a registered engineer or surveyor	
	Trip Impact study performed by an engineer qualified and pre-approved by the City Engineer, unless waived for good cause shown		that the information contain on the plat is true and correct and conforms to the requirements of Title 11 Part 1.	
	Location of setback lines from public rights-of- way as required in Title 11 Part 5 of the City Code		An approval block for the endorsement of the plat by the City Service Director, Law Director and	
	Topography with a maximum contour interval of two feet. Elevations shall be based on mean sea level datum obtained from bench marks established by the City.		Clerk of Council upon approval by the City Council	

NOTES: A total of 19 copies of the plans are required. NO SHEET SHALL EXCEED 42" IN SIZE. 14 Copies can be submitted as 11" x 17" if they are legible. The other five (5) sets are required to be full size. A digital copy of all plans and documents shall also be submitted. This can be either via email (10 MB maximum), DVD, flash drive or other means. Additional or revised information for tabled agenda items need to be submitted at least ten (10) working days prior to the Planning and Zoning Commission meeting. Questions can be directed to the Planning and Zoning Department at (740)0384-3842.

Wellston Municipal Building, 203 East Broadway Street, Wellston, Ohio 45692 www.cityofwellston.org Department of Zoning Phone 740-384-3482 $\$ Fax 740-384-3357 $\$ Email: CODE@cityofwellston.org

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