



PLANNING COMMISSION

Application for Zoning Map Amendment

Division of Planning
240 Columbus Ave
Sandusky, Ohio 44870
419.627.5891

www.cityofsandusky.com

APPLICANT/AGENT INFORMATION:

Property Owner Name: _____

Property Owner Address: _____

Property Owner Telephone: _____

Email _____

Authorized Agent Name: _____

Authorized Agent Address: _____

Authorized Agent Telephone: _____

Email _____

LOCATION AND DESCRIPTION OF PROPERTY:

Municipal Street Address: _____

Legal Description of Property (check property deed for description):

Parcel Number: _____ Zoning District: _____

DETAILED SITE INFORMATION:

Land Area of Property: _____ (sq. ft. or acres)

Total Building Coverage (of each existing building on property):

Building #1: _____ (in sq. ft.)

Building #2: _____

Building #3: _____

Additional: _____

Total Building Coverage (as % of lot area): _____

Gross Floor Area of Building(s) on Property (separate out the square footage of different uses – for example, 800 sq. ft. is retail space and 500 sq. ft. is storage space:

Proposed Building Height (for any new construction): _____

Number of Dwelling Units (if applicable): _____

Number of Off-Street Parking Spaces Provided: _____

Parking Area Coverage (including driveways): _____ (in sq. ft.)

Landscaped Area: _____ (in sq. ft.)

Requested Zoning District Classification: _____

APPLICATION AUTHORIZATION:

If this application is signed by an agent, authorization in writing from the legal owner is required. Where owner is a corporation, the signature of authorization should be by an officer of the corporation under corporate seal.

Signature of Owner or Agent

Date

PERMISSION TO ACT AS AUTHORIZED AGENT:

As owner of _____ (municipal street address of property), I hereby authorize _____ to act on my behalf during the Planning Commission approval process.

Signature of Property Owner

Date

REQUIRED SUBMITTALS:

- 1 copy of a site plan/off-street parking plan for property
- 1 copy of the deed or legal description for property
- \$300.00 application fee

STAFF USE ONLY:

Date Application Accepted: _____ Permit Number: _____

Date of Planning Commission Meeting: _____

Planning Commission File Number: _____