

AKRON CITY PLANNING COMMISSION

REF. SECTIONS 153.460-.492 OF
THE CODE OF ORDINANCES OF
AKRON, OHIO 2004

To: City Council, Akron, Ohio

Date: _____

The undersigned (circle one) **owner / holder of option / lessee / _____** of the property herein involved, does hereby petition for a Conditional Use as provided under the Code of Ordinances, Section 153.460-.492 for purposes set forth below.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION, NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. The proposed use is: _____

3. Estimated **TOTAL** project cost: _____

4. Attach two (2) sets of plans **drawn to scale** including:

- | | | | |
|--|--------------------|----------------------|------------------------|
| Street names and addresses | Parking | Landscaping | Building elevations |
| Location of property | Circulation drives | Yards | Signs |
| Location of building(s) | Traffic access | Open space | Utilities |
| Dimensions of property and building(s) | Loading areas | Interior arrangement | Refuse & service areas |

5. If plans were drawn using AutoCAD, please submit a copy on a **3.5" disk or CD-ROM**. (See specification list.) Please label the disk with the name of applicant and the site address.

6. Attach a copy of the **property deed** for all parcels involved in this Conditional Use or a **legal description** prepared by a registered surveyor.

7. Attach **photographs** of the existing site, sufficiently labeled.

8. Attach a **letter/narrative statement** containing: (a) comments relating to the above requirements; (b) explanation of economic impact and mitigation of noise, glare and odor effects on adjoining property; and (c) general compatibility with adjacent and other properties in the district.

PRINT / TYPE name of **OWNER(S)**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

PRINT / TYPE name of **__Holder of option __Lessee**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT / TYPE

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT / TYPE

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

DO NOT WRITE BELOW THIS LINE

A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to
The Department of Planning and Urban Development,
Municipal Building Room 400, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

Estimated TOTAL Project Cost

Applicable Fee

\$ 0 - 5,000
\$ 5,001 - 20,000
\$ 20,001 - 50,000
\$ 50,001 - 100,000
\$ 100,001 - 200,000
\$ 200,001 - more

\$ 100
\$ 150
\$ 300
\$ 400
\$ 500
\$ 1,000

This is to certify that a fee of
\$ _____ has been
received for investigation incident
to this proposal.
Receipt # _____

PC – 2010 - _____ - _____

Councilperson _____ Ward _____

Signature of City Employee

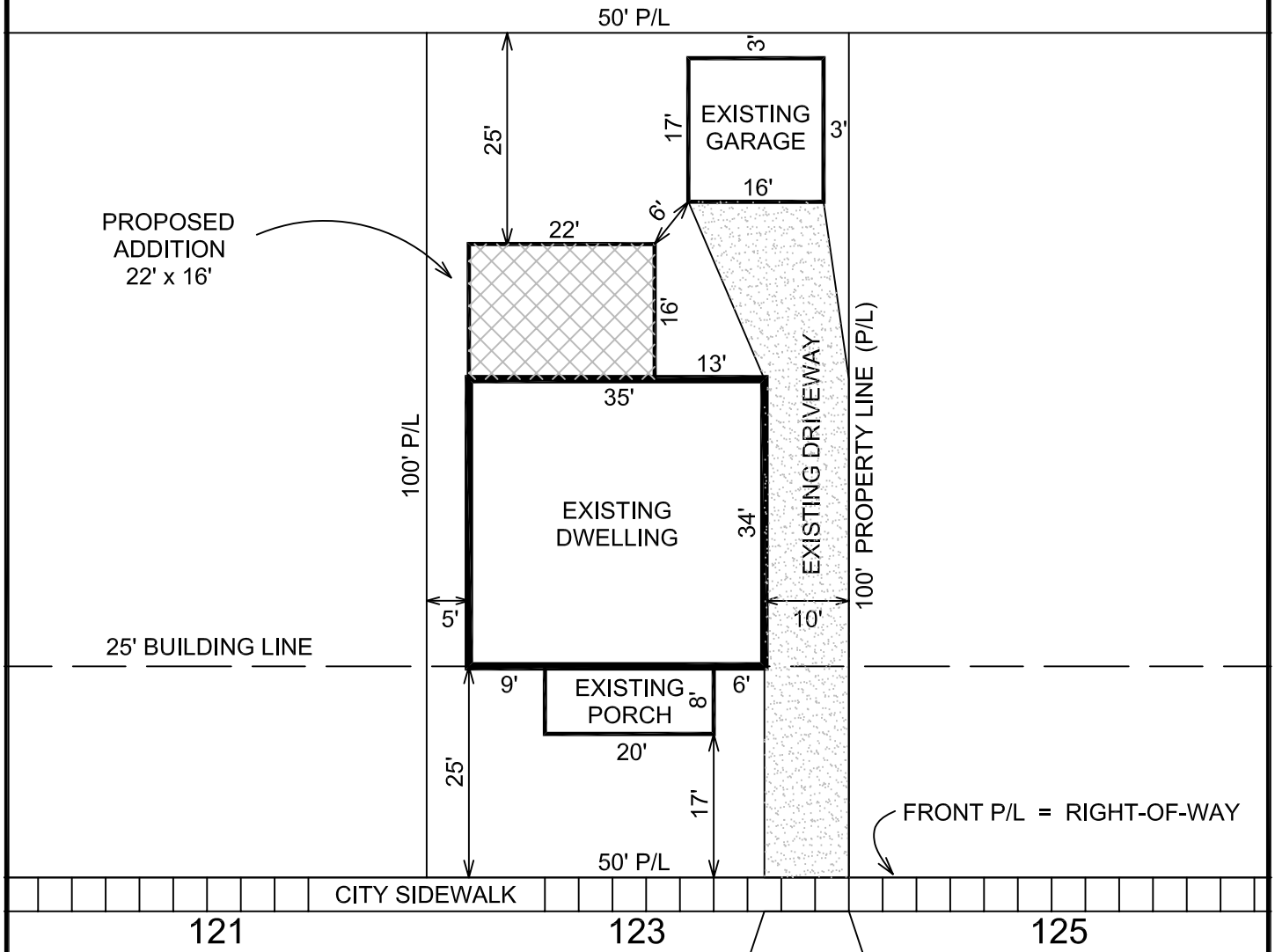
Title

COUNCIL TIME STAMP

ZONING TIME STAMP

SAMPLE Site Plan for 123 Your St.

Plans can be hand drawn as long as they are drawn to scale. It might be helpful to use graph paper. Please provide dimensions of all properties, all buildings, the distances between buildings, and the distance between each building and the property lines.



YOUR ST.



Scale: 0 20'

SITE PLAN INFORMATION

The following information MUST be included on all plot plans submitted to the City Planning Commission or the Board of Zoning Appeals.

1. Property lines, including all lot line dimensions
2. Existing structures on the lot, including:
 - garage and location of driveway
 - dimensions of all structures
 - distances from front lot line, side lot lines, and rear lot line
3. Proposed building, addition, porch, etc., including:
 - exact dimensions
 - distances from all structures
 - distances from all lot lines
4. Parking, loading areas (if applicable), and driveways
5. Landscaping and open space
6. Sign location (if applicable)
7. Refuse and service areas (if applicable)
8. Street names
9. House addresses for the property and all abutting properties
10. North arrow
11. Scale

**Specifications for AutoCAD drawings to be submitted with the
AKRON CITY PLANNING COMMISSION request.**

1. Save the file(s) in **AutoCAD 2000** format on a 3.5" disk or CD-ROM.
2. Label it with both the **site address** and the **name of the applicant**.
3. In addition to the 2 sets of submitted plans, please submit a **site plan 11" x 17"** or smaller.
4. If descriptive layer names are not used (e.g. P/L, R/W, sidewalk, house, landscaping, driveway, dimensions), please provide the following information:

Layer Names:

_____	Street names
_____	Edges of Pavement
_____	Rights-of-way
_____	Property lines
_____	Building outlines
_____	Lot numbers
_____	Addresses
_____	Driveways
_____	Dimensions
_____	Proposed
_____	Notes

If you have any questions or need further assistance, please call the Zoning Division at (330) 375-2350 or Toll free at 1-877-375-2770.

Thank you for your cooperation!

2010

AKRON CITY PLANNING COMMISSION

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 15, 2010	DECEMBER 1, 2009
FEBRUARY 12, 2010	DECEMBER 29, 2009
MARCH 12, 2010	JANUARY 26, 2010
APRIL 2, 2010	FEBRUARY 16, 2010
APRIL 23, 2010	MARCH 9, 2010
MAY 14, 2010	MARCH 30, 2010
JUNE 11, 2010	APRIL 27, 2010
JULY 2, 2010	MAY 18, 2010
JULY 23, 2010	JUNE 8, 2010
AUGUST 13, 2010	JUNE 29, 2010
SEPTEMBER 3, 2010	JULY 20, 2010
SEPTEMBER 24, 2010	AUGUST 10, 2010
OCTOBER 15, 2010	AUGUST 31, 2010
NOVEMBER 12, 2010	SEPTEMBER 28, 2010
DECEMBER 10, 2010	OCTOBER 26, 2010

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.