



# Village of Commercial Point

P.O. Box 56  
Commercial Point, Ohio 43116  
(614) 877-9248

## SITE DEVELOPMENT PLAN APPLICATION

\_\_\_\_\_ Major \_\_\_\_\_ Minor

### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Address/Location of Subject Property \_\_\_\_\_

Tax Parcel ID \_\_\_\_\_ Current Zoning \_\_\_\_\_ Acreage \_\_\_\_\_

Proposed Use \_\_\_\_\_

Attach a current survey (within 2 years) of the subject property and all supporting materials as required by Chapter 1141. Additional information may be required by the Planning and Zoning Administrator or the Planning and Zoning Commission.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
**Property Owner's or Authorized Agent's Signature** **Date**

Date Received \_\_\_/\_\_\_/\_\_\_ Fee Paid: \_\_\_\_\_

Date of Action \_\_\_/\_\_\_/\_\_\_ Expiration Date \_\_\_/\_\_\_/\_\_\_

Application Approved \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes with conditions

Planning and Zoning Administrator Signature(Minor) \_\_\_\_\_

Planning and Zoning Chairperson Signature (Major) \_\_\_\_\_