



CITY OF SIDNEY

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APPLICATION FOR SITE PLAN APPROVAL

I. Applicant Information

Applicant Name _____

Mailing Address _____ City/State/ZIP _____

Contact Person _____ Phone # _____ E-mail _____

Applicant is: Architect/Engineer General Contractor Business Owner Property Owner Other _____

Architect/Engineer _____ Telephone No. _____

Mailing Address _____ City/State/ZIP _____

Contractor _____ Telephone No. _____

Mailing Address _____ City/State/ZIP _____

Please include information for sub-contractors on separate sheet of paper.

II. Property Information

Business Name (DBA) _____

Facility (Site) Address _____

Mailing Address (if different) _____

County Parcel ID No(s). _____ Lot No(s). _____

Proposed Sq. Ft. _____ Cost of Construction \$ _____

Existing Use of Property _____

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

Signature of Applicant

Date

For Office Use Only

ORIGINAL SUBMISSION DATE: _____ APPLICATION NO _____ APPLICATION COMPLETE DATE: _____

FEES PAID \$ _____ APPLICABLE SECTION(S) OF CODE OF ORDINANCES _____

HEARING DATES (IF APPLICABLE): _____

**201 W. Poplar Street Sidney, Ohio 45365-2781 Phone: (937) 498-8131 Fax: (937) 498-8119
Email: bdulworth@sidneyoh.com**

**COMMUNITY DEVELOPMENT
DEPARTMENT**

ZONING COMPLIANCE _____
SUBDIVISION COMPLIANCE _____
COMPREHENSIVE PLAN COMPLIANCE _____
CONTRACTORS REGISTERED _____
ADDRESS VERIFIED/ASSIGNED _____
OTHER _____

INITIAL

DATE

ENGINEERING DEPARTMENT

STORM DETENTION COMPLIANCE _____
STORMWATER BMP _____
FLOOD PLAIN COMPLIANCE _____
PUBLIC IMPROVEMENTS COMPLIANCE _____
UTILITY REIMBURSEMENT CALCS COMPLETE _____
OTHER _____

INITIAL

DATE

FIRE DEPARTMENT

HYDRANT LOCATION COMPLIANCE _____
SPRINKLER SYSTEM COMPLIANCE _____
ACCESSIBILITY _____
HAZMAT COMPLIANCE _____
OTHER _____

INITIAL

DATE

UTILITIES

UTILITY TAP FEES PAID _____
LINE LOCATION COMPLIANCE _____
SYSTEM CAPACITY COMPLIANCE _____
UTILITY REIMBURSEMENT PAID _____
OTHER _____

INITIAL

DATE

WASTEWATER/STORM

PRETREATMENT COMPLIANCE _____
STORMWATER IMPERVIOUS AREA CALC _____
STORMWATER UTILITY CALCS COMPLETED _____

INITIAL

DATE

OTHER COMMENTS

SITE PLAN APPROVAL ISSUED ON _____ 20_____

BY _____
Community Development Director