



CITY OF SIDNEY
APPLICATION FOR SITE PLAN APPROVAL

I. Applicant Information

Applicant Name (designer, contractor, business/property owner, or agent. Applicant contact person will be the designated person to whom all communications related to the site plan approval will be directed)

Mailing Address City/State/ZIP

Contact Person Phone # E-mail

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

Architect/Engineer Phone #

Contact Person E-mail

Mailing Address City/State/ZIP

Contractor Phone #

Contact Person E-mail

Mailing Address City/State/ZIP

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):

**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