

PLAN REVIEW APPLICATION

CITY OF MAUMEE – DIVISION OF ZONING
400 CONANT ST. MAUMEE, OH 43537

OFFICE: 419-897-7074 FAX: 419-897-7182 EMAIL: ZONING@MAUMEE.ORG

APPLICATION TYPE (check all that apply): [] SITE PLAN/DESIGN STANDARDS [] SUBDIVISION
[] PRELIMINARY PLAT [] FINAL PLAT

PROPERTY ADDRESS: _____ PARCEL #: _____

OWNER NAME AND PHONE: _____

OWNER ADDRESS: _____

OWNER EMAIL: _____

ZONING DISTRICT: _____ PRESENT USE: _____ PROPOSED USE: _____

Staff use only:	
Plan Comm	_____
Staff Review	_____
P.S. Review	_____
Fees:	_____

I understand that in addition to the filing fee being paid with this application all cost allocated hourly fees for review, all costs of legal advertising, engineering or other consultants and legal fee expense incurred by the City of Maumee shall be paid by the undersigned whether this application is granted or not and that no change of zoning shall become effective nor shall any permit be issued and become effective until and unless all said costs are paid. I hereby choose to designate the following person as my agent to represent me on this matter:

Name of Agent (Owner Name if None)	Address	Telephone	Email
_____	_____	_____	_____

NOTE:

- IF THIS APPLICATION IS FOR SITE PLAN REVIEW, IT MUST CONTAIN ALL INFORMATION REQUIRED UNDER SECTION 1135.05 OF THE M.C.O.
- IF THIS APPLICATION IS FOR A CONDITIONAL USE, IT MUST MEET ALL REQUIREMENTS OF CHAPTER 1134 OF THE M.C.O.
- IF THIS APPLICATION IS FOR PRELIMINARY OR FINAL PLAT, IT MUST CONTAIN ALL INFORMATION REQUIRED UNDER CHAPTER 1169 OF THE M.C.O.
- IF THIS APPLICATION IS FOR SUBDIVISION, IT MUST MEET ALL REQUIREMENTS OF CHAPTER 1165 OF THE M.C.O.

By signing below, you are agreeing that you have read all applicable Chapters and Sections of the Maumee Codified Ordinance (M.C.O.), and that this application includes all required information.

Owner Signature _____ Date _____

**** INCOMPLETE APPLICATIONS WILL BE DENIED AND APPLICABLE FEES WILL BE CHARGED FOR ALL RE-SUBMITTALS****

Staff use only:			
Date received: _____	Date determined to be complete: _____	Re-Submit(s) Required: Yes	No
Staff approval only: Yes	No	Approved by: _____	Date: _____
Date filed with Municipal Clerk: _____			
Planning Commission action: _____		Date: _____	