



**Application for Residential
Site Plan Review**

Community Development and Revitalization Department
260 S. Garber Drive, Tipp City, Ohio 45371
Phone: 937-506-3172
www.tippcityohio.gov

For Staff Use Only

Submittal Date:

Date Application Determined Complete:

Fee Paid:

Receipt #:

Staff Initials:

Permit Number:

Site Plan Review Information

1. An application for site plan review is typically reviewed by the Zoning Administrator but, in some instances, may be reviewed by the Planning Board. The Zoning Administrator has the authority to forward any site plan application to the Planning Board for review.
2. The review procedure and criteria are established in Section 154.03(F) of the Tipp City Zoning Code.
3. Approval of a site plan review application does not guarantee any other approvals (e.g., building permits, etc.). The applicant shall be responsible for applying for any other necessary permits or reviews.
4. Answers to any of the project information questions on this application may be answered in the application form and/or on any plans or maps submitted in connection with this application.

Basic Information

Project Address:

Lot Number:

Zoning District:

Project Cost:

Applicant Information

Applicant Name:

Owner Name:

Address:

Phone Number:

E-Mail:

Contractor Name (if applicable):

Contractor Phone Number:

Project Information

Provide the following information on the principal building. All measurements shall be in feet or square feet.

Front Yard Setback:

Rear Yard Setback:

Side Yard Setback (Left):

Side Yard Setback (Right):

Building Height:

Total Building Floor Area:

Lot Frontage:

Provide the following information on the domestic water needs:

Water Meter Size:

Comments:

Signature

I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the property owner or a duly authorized agent of the property owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications.

Print Name:

Signature:

Date:

Site Plan Review Approval - For Staff Use Only**Variance/Appeal:**

Date Granted:

Case Number:

Authorization:

The signature below authorizes only the work that was approved as part of this application

Signature

Date of Approval:

Expiration Date (if applicable):

Comments:

Fees:

Water Tap In Fee	Sewer Tap In Fee	TCA Treatment Cap Fee	Electric Ext. Fee	Cont. Maint. Fee	Zoning Permit Fee	Total Fees	Check No.	Receipt No.