

**ZONING/RE-ZONING APPLICATION**

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

Project/Property Address or Location:		Project Name/Business Name (if applicable):
Parcel ID No.(s):	Current Zoning:	Total Acreage:
Proposed Use/Reason for Request:		Proposed Zoning:
<b>APPLICANT</b> Name (primary contact) -do <u>not</u> use a business name:		Applicant Address:
Applicant E-mail:	Applicant Phone No.:	
BUSINESS Name (if applicable):		
<b>ATTORNEY/AGENT</b> Name:		Attorney/Agent Address:
Attorney/Agent E-Mail:	Attorney/Agent Phone No.:	
<b>ADDITIONAL CONTACTS</b> (please list all applicable contacts)		
Name(s):	Contact Information (phone no./email):	
Contractor		
Developer		
Architect		
<b>PROPERTY OWNER</b> Name: (if different from Applicant)		Property Owner Contact Information (phone no./email):

**APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED** (see page 2)

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: [www.gahanna.gov](http://www.gahanna.gov)**

INTERNAL USE

Zoning File No. \_\_\_\_\_  
PC Meeting Date: \_\_\_\_\_  
PC File No. \_\_\_\_\_

RECEIVED: \_\_\_\_\_  
DATE: \_\_\_\_\_

PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
CHECK#: \_\_\_\_\_

**ZONING/RE-ZONING APPLICATION – SUBMISSION REQUIREMENTS**

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STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Have you gone through the Area Commission process? Area Commission Meeting date held: _____				
	2. Review Gahanna Code <a href="#">Section 1133</a> & <a href="#">1152</a> for Limited Overlay & ROD Applicants (visit <a href="http://www.municode.com">www.municode.com</a> )				
	3. Pre-application conference with staff				
	4. Area map identifying the subject property in relation to surrounding properties.				
	5. Survey of property certified by registered surveyor (11"x17" copy)				
	6. Legal description of property certified by registered surveyor (11"x17" copy)				
	7. List of contiguous & directly across the street from property owners mailing address				
	8. Two (2) sets of pre-printed mailing labels for all contiguous & directly across the street from property owners.				
	9. Limitation Text (Limited Overlay or ROD zoning applicants only)				
	10. Elevation Drawings (Limited Overlay or ROD zoning applicants only)				
	11. Traffic Impact Study ( <b>labeled as such</b> ) - if any use permitted in the requested zoning district could generate 100+ peak hour directional trips, or 1,000+ vehicle trips/day; the traffic study should contrast the daily peak hour trip generation rates for representative use in the requested zoning district.				
	12. Conceptual plan ( <b>labeled as such</b> ) - demonstrating that the site could be developed with representative uses permitted in the requested zoning district meeting requirements for setbacks, wetland buffers, access spacing, any requested service drives and other site design factors.				
	13. Site analysis plan ( <b>labeled as such</b> ) - illustrating existing conditions on the site and adjacent properties such as soil conditions; drainage patterns; views; existing buildings; any sight distance limitations; and relationship to other developed sites and access points in the vicinity of the property.				
	14. Environmental assessment ( <b>labeled as such</b> ) - describing site features & anticipated impacts created by the host of uses permitted in the requested zoning district.				
	15. Written statement on a separate sheet responding to the six (6) elements listed in Zoning Code Section <a href="#">1133.03(b)</a> . – the City's <a href="#">Land Use Plans</a> can be found at <a href="http://www.gahanna.gov">www.gahanna.gov</a> under the Planning & Development Department				
	16. Application fee (in accordance with the <a href="#">Building &amp; Zoning Fee Schedule</a> )				
	17. Application & all supporting documents submitted in digital format				
	18. Application & all supporting documents submitted in hardcopy format				
	19. Zoning Sign posted on property in accordance with Zoning Code Section <a href="#">1133.02</a> no less than 2 weeks prior to the public hearing date. Sign shall be consistent with diagram shown in <a href="#">1133.02</a> – the <a href="#">City Logo</a> is available online by visiting <a href="http://www.gahanna.gov">www.gahanna.gov</a> under the Zoning Division				
	20. Authorization Consent Form Complete & Notarized (see page 3)				

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**APPLICATION ACCEPTANCE**

INTERNAL USE

This application has been reviewed and is considered complete and is hereby accepted by the Zoning Division of the City of Gahanna and shall be forwarded to the City of Gahanna Planning Commission for consideration.

Planning & Zoning Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION CONSENT FORM

*(must sign in the presence of a notary)*

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

**AUTHORIZATION FOR OWNER’S APPLICANT OR REPRESENTATIVE(S)** *If the applicant is not the property owner, this section must be completed & notarized.*

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize \_\_\_\_\_ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION TO VISIT THE PROPERTY**

I, \_\_\_\_\_, the owner or authorized owner’s representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY**

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Stamp or Seal

Notary Public Signature: \_\_\_\_\_

**AGREEMENT TO COMPLY AS APPROVED**

I, \_\_\_\_\_, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY**

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

Stamp or Seal

Notary Public Signature: \_\_\_\_\_