

AKRON CITY PLANNING COMMISSION

REF. SECTIONS 153.460-.492 OF
THE CODE OF ORDINANCES OF
AKRON, OHIO 2004

To: City Council, Akron, Ohio

Date: _____

The undersigned (circle one) **owner / holder of option / lessee /** _____ of the property herein involved, does hereby petition for a Conditional Use as provided under the Code of Ordinances, Section 153.460-.492 for purposes set forth below.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION, NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. The proposed use is: _____

3. Estimated **TOTAL** project cost: _____

4. Attach two (2) sets of plans **drawn to scale** including:

- | | | | |
|----------------------------------------|--------------------|----------------------|------------------------|
| Street names and addresses | Parking | Landscaping | Building elevations |
| Location of property | Circulation drives | Yards | Signs |
| Location of building(s) | Traffic access | Open space | Utilities |
| Dimensions of property and building(s) | Loading areas | Interior arrangement | Refuse & service areas |

5. If plans were drawn using AutoCAD, please submit a copy on a **CD-ROM**. (See specification list.) Please label the disk with the name of applicant and the site address.

6. Attach a copy of the **property deed** for all parcels involved in this Conditional Use or a **legal description** prepared by a registered surveyor.

7. Attach **photographs** of the existing site, sufficiently labeled.

8. Attach a **letter/narrative statement** containing: (a) comments relating to the above requirements; (b) explanation of economic impact and mitigation of noise, glare and odor effects on adjoining property; and (c) general compatibility with adjacent and other properties in the district.

PRINT / TYPE name of **OWNER(S)**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

PRINT / TYPE name of **__Holder of option __Lessee**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT / TYPE

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT / TYPE

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

DO NOT WRITE BELOW THIS LINE

A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to

The Department of Planning and Urban Development,
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

Planning Commission Filing Fees Chart

Conditional Use Request

See the following table:

Estimated TOTAL Project Cost	Applicable Fee
\$0 - \$5,000	\$100
\$5,001 - \$20,000	\$150
\$20,001 - \$50,000	\$300
\$50,001 - \$100,000	\$400
\$100,001 - \$200,000	\$500
\$200,001 - more	\$1,000

Sale/Lease of City-owned Land

\$250

PC – 2012 - _____ - _____

Councilperson _____ Ward _____

Signature of City Employee

Title

COUNCIL TIME STAMP

ZONING TIME STAMP