



PLAN BOARD

APPLICATION COVER PAGE

Submission Date: _____

Application for (select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> General Development Plan Review | <input type="checkbox"/> Public Way Vacation | <input type="checkbox"/> Site Design Review |
| <input type="checkbox"/> Planned Development | <input type="checkbox"/> Record Plan | <input type="checkbox"/> Zoning Map Amendment |
| <input type="checkbox"/> Planned Development Final Plan Review | <input type="checkbox"/> Sign (Non-conforming, Off-premise) | |

Instructions

Complete this cover page and submit it along with the relevant application, required fee, and attachments to:

Department of Planning, Neighborhoods & Development
c/o Dayton Plan Board (6th Floor)
101 W. Third St.
Dayton, OH 45402

Before submitting an application, applicants are strongly encouraged to meet with Planning staff to discuss the proposed application. Applications that are not complete or are illegible will be returned to the applicant and will not be scheduled for public hearing. Incomplete applications shall be a basis for denial. Submit all application materials by the 30-day deadline, and you will be placed on the agenda for the next available public hearing. For more information and a complete list of deadlines, visit www.daytonohio.gov/952/Plan-Board-Process. If you have questions or would like to schedule an application interview, please call Plan Board Secretary Susan Vincent at (937) 333-3683.

Property Information

Property
Address:

Street Address

City

State

ZIP Code

Parcel(s) ID
or City Lot #: _____

Zoning District: _____

Planning District
and/or Neighborhood: _____

Land Use Board: _____

Historic District
(if applicable): _____

Authorization to Visit Property and Certification

Site visits to the property by City representatives are essential to process this application. By signing below, the owner/applicant authorizes City representatives to visit and photograph the property described in this application and certifies that the information contained in this application and all attachments is true and correct.

Applicant Information

Full Name/
Company: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Role of
Applicant: _____

Signature: _____ Date: _____

Owner Information (if different than Applicant)

Full Name/
Company: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

Signature: _____ Date: _____