



FOR PLANNING USE ONLY Case #: _____ Date Received: _____ Received by: _____ Application Fee: \$ _____ Review Type: <input type="checkbox"/> Admin <input type="checkbox"/> CPB <input type="checkbox"/> BZA
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GENERAL APPLICATION

A. PROJECT

- 1. Project Name: _____
- 2. Application Type & Project Description (*attach additional information, if necessary*):

- 3. Address of Subject Property: _____
- 4. Parcel ID Number(s): _____
- 5. Full legal description attached? yes no
- 6. Size of subject property: _____
- 7. Existing Use of Property: _____
- 8. Existing Zoning of Property: _____

B. APPLICANT

- 1. Applicant's Status (*attach proof of ownership or agent authorization*) Owner
 Agent (*agent authorization required*) Tenant (*agent authorization required*)
- 2. Name of Applicant(s) or Contact Person(s): _____
Title: _____
Company (if applicable): _____
Mailing address: _____
City: _____ State: _____ ZIP: _____
Telephone: () _____ FAX: () _____
Email _____

3. If the applicant is agent for the property owner:

Name of Owner (title holder): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

C. Additional Information

1. Is there any additional contract for sale of, or options to purchase, the subject property? Yes No

If "yes," list names of all parties involved:

Is the contract/option contingent or absolute? Contingent Absolute

I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

State of _____ County of _____

The foregoing application is acknowledged before me this _____ day of _____, 20__, by

_____, who is/are personally known to me, or who has/have

produced _____ as identification.

NOTARY SEAL _____

Signature of Notary Public, State of _____



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

STREET RENAMING APPLICATION

Date _____

Applicant Name: _____

Phone: _____

Address: _____

Please attach the following Exhibits:

The undersigned petitions to rename the street as described in Exhibit A.

Exhibit A

A plot plan is to be attached depicting the street to be renamed showing the current name of the street and the proposed name for the street. The plot plan should include all intersections that the applicant intends to have signed with the new street name.

Exhibit B

Two (2) sets of mailing labels with the **names** and **tax mailing addresses** of all property owners on the street to be renamed and a label with the applicant's mailing address.

Directions for obtaining a list of Tax Mailing Addresses:

- Go to the Tax Map Department at the A. B Graham Building – 31 N Limestone Street, Springfield, OH 45502
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Do not list tenants of properties or banks holding a loan on the property.

Exhibit C

State the reasons for the requested street renaming. (These statements will be considered by the Planning Staff, The City Planning Board, and the City Commission as the request is reviewed.) This is to be attached and made a part of this petition.

Exhibit D

Letter from the applicant stating their understanding that they are responsible for the costs of the new signage related to the street renaming. Letter must be notarized.

I, the undersigned, depose and state that I am an interested party in the street renaming involved in this petition.

Signature



CITY OF SPRINGFIELD
COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING & ZONING DIVISION

PROPERTY OWNER AFFIDAVIT (IF NECESSARY)

To be filed in the Community Development Department, office of the Planning & Zoning Administrator.

Address: _____

Parcel No.: _____

Acreage: _____

Agent Name: _____

Agent Tax Mailing Address: _____

Agent Phone Number: _____

Owner Name: _____

Owner Tax Mailing Address: _____

Owner Phone Number: _____

Requested Action
(to be conducted by
Agent, authorized by
owner): _____

I hereby certify that:

I am the property owner of record. I authorize the above listed agent to act on my behalf for the purposes of this application.

Property owner signature: _____

Printed name: _____

Date: _____

The foregoing affidavit is acknowledged before me this ____ day of, _____ 20__,

by _____, who is/are personally known to me, or

who has/have produced _____ as identification.

NOTARY SEAL _____

Signature of Notary Public, State of _____

Application Check List

Please review for completeness

ITEMS TO BE SUBMITTED:

- General Application
- \$50.00 Fee (must be submitted with the application).
- Street Renaming Application with attachments listed below.
- Please include the following Exhibits (Exhibits are to be attached and made part of the petition):
 - Exhibit A: A plot plan is to be attached depicting the street to be renamed showing the current name of the street and the proposed name for the street.
 - Exhibit B: Two sets of mailing labels with the names and tax mailing addresses of all property owners on the street to be renamed and the applicant's name and address.
 - Exhibit C: State the reasons for the requested street renaming.
 - Exhibit D: Letter from the applicant stating their understanding that they are responsible for the costs of the new signage related to the street renaming. Letter must be notarized.

Fees must be submitted at the time of application and will not be processed until after the board has heard the case.