

Sycamore Township Zoning Commission Application

8540 Kenwood Road
Sycamore Township, OH 45236
Phone: (513) 792-7250
Fax: (513) 792-8571
www.sycamoretownship.org

Case # Assigned:
(Staff Use Only)

Date:

Project Address:

Property Owner:

Address:

Applicant:

Address:

Phone:

The Applicant/Agent hereby seeks to apply for the item indicated below under Section(s) _____ of the Sycamore Township Zoning Resolution in accordance with Chapter 16, Chapter 18, Chapter 19 and Chapter 21 of the Sycamore Township Zoning Resolution and with the plats, plans, and other data hereto attached and made a part of this case for the project address and PIN listed. I/We as (applicants/property owners/and or agents) have read and understand the Sycamore Township Zoning Commission application and hearing process. I hereby depose and say that all the above statements and exhibits transmitted herewith are true. I/we do also grant Sycamore Township access to the property in question for purposes of case review.

Application for:

<input type="checkbox"/> PUD - Minor adjustment	Fee: \$200
<input type="checkbox"/> PUD - Major adjustment	\$1,000
<input type="checkbox"/> Modification of landscaping/buffer yard standards	\$300
<input type="checkbox"/> LASR - Localized Alternative Sign Regulation – New	\$700
<input type="checkbox"/> LASR - Localized Alternative Sign Regulation – Adjustments (Major/Minor)	\$700/\$200
<input type="checkbox"/> Zone Change (Zone Change from _____ to _____)	Fee Varies
<input type="checkbox"/> PUD I	\$1,000
<input type="checkbox"/> PUD II	\$1,200
<input type="checkbox"/> Other (S-PUD/FDP/CUP)	Fee Varies

Applicant/Agent Signature

Date:

Property Owner Signature (if different from applicant)

Date:

A filing fee shall accompany this completed application. Please make check payable to *Sycamore Township*.
THERE SHALL BE NO REFUND OR PART THEREOF ONCE PUBLIC NOTICE HAS BEEN GIVEN.