

DEVELOPMENT APPLICATION
CITY OF HUBER HEIGHTS



PLANNING DEPARTMENT

6131 Taylorsville Road **937.233.1423**
Huber Heights, Ohio 45424 **937.233.1272 (Fax)**

Application Number _____ Date Filed _____
Receipt Number _____ Amount Paid _____

TYPE OF ACTION REQUESTED

Check all that apply. Attach explanations & additional information as required.

- | | |
|---|--|
| <input type="checkbox"/> Annexation & Zoning (Attach original annexation petition to this application.) | <input type="checkbox"/> Planned Unit Development |
| <input type="checkbox"/> Annexation Agreement | <input type="checkbox"/> Basic Development Plan |
| <input type="checkbox"/> Rezoning to _____ | <input type="checkbox"/> Detailed Development Plan |
| <input type="checkbox"/> Special Use | <input type="checkbox"/> Major Change |
| <input type="checkbox"/> Variance from the Zoning Ordinance | <input type="checkbox"/> Minor Change |
| <input type="checkbox"/> Lot Split | <input type="checkbox"/> Other |
| <input type="checkbox"/> Final Plat | |
| <input type="checkbox"/> Preliminary Plat | |
| <input type="checkbox"/> Text Amendment | |
| <input type="checkbox"/> Zoning Ordinance | |
| <input type="checkbox"/> Subdivision Regulations | |
| <input type="checkbox"/> Other | |

APPLICANT INFORMATION

Identify the applicant & contact person on this page. Complete the attachment to list the owner(s) & other parties involved with the application.

| <u>APPLICANT</u> | | <u>CONTACT PERSON</u> | |
|------------------|-------|-----------------------|-------|
| Name | _____ | Name | _____ |
| Address | _____ | Address | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Phone | _____ | Phone | _____ |
| Fax | _____ | Fax | _____ |
| Email | _____ | Email | _____ |

PROPERTY INFORMATION

Project Name: _____

Location of property: _____

Book _____ Page _____ Parcel Number(s) _____

Current Zoning: _____ Proposed Zoning: _____

Property Owner's Name: _____ Telephone: _____

Address: _____

Total acres included in this application: _____

Type of Development: Residential ___ Commercial ___ Office ___ Industrial ___ Other ___

Brief description of application request:

Applicant's status: Owner _____ Lessee _____ Purchaser _____ Agent _____

Name of Engineer: _____ Telephone: _____

Attach additional information as required. Please refer to the applicable application submittal checklist.

Applicant's Signature

Applicant's Signature:

Printed Name:

The owner of the property, if other than the applicant, must sign this application as evidence of concurrence with the rezoning request.

OWNER

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

BY THE ABOVE SIGNATURE, THE APPLICANT HEREBY ATTESTS TO THE TRUTH AND EXACTNESS OF ALL INFORMATION SUPPLIED AND SUBMITTED ON AND WITH THIS APPLICANT. BY THE ABOVE SIGNATURE, THE APPLICANT FURTHERMORE CONSENTS TO BE BOUND BY THIS APPLICATION, BY ANY AGREEMENT MADE BY THE APPLICANT OR ITS AGENT, AND BY ALL DECISIONS MADE BY THE CITY OF HUBER HEIGHTS RELATING TO AND IN CONNECTION WITH APPLICATION AND REQUESTS.

=====
Date Received _____ Fee Paid _____ Received by _____

ADDITIONAL CONTACT INFORMATION

PROPERTY OWNER
Name _____
Address _____

Phone _____
Fax _____
Email _____

AGENT
Name _____
Address _____

Phone _____
Fax _____
Email _____

ATTORNEY
Name _____
Address _____

Phone _____
Fax _____
Email _____

DEVELOPER
Name _____
Address _____

Phone _____
Fax _____
Email _____

LAND PLANNER
Name _____
Address _____

Phone _____
Fax _____
Email _____

ENGINEER
Name _____
Address _____

Phone _____
Fax _____
Email _____

LANDSCAPE ARCHITECT
Name _____
Address _____

Phone _____
Fax _____
Email _____

OTHER
Name _____
Address _____

Phone _____
Fax _____
Email _____

STATEMENT OF APPLICANT OBLIGATION FOR PAYMENT
OR CERTAIN PROFESSIONAL COSTS AND EXPENSES

The Applicant is obligated by Ordinance 87-O-231 to pay the City of Huber Heights ("City") for all costs and expenses incurred by the City if this application or request causes the City to incur extra expenses for professional analysis or other services by persons or organizations not part of the full-time City staff.

The payment of expenses and costs referred to in this statement shall be made to the City of Huber Heights in accordance with the then current administrative policy for such payment. An application or request may require funds to be deposited in advance with the City for such costs and expenses. The payment of such costs and expenses shall be in addition to any other application fee required by the City. The person whose signature appears below as Applicant states that she/he has full and complete authority to agree to, bind and obligate the Applicant to pay the costs and expenses referred to in this statement and to fully comply with the above statement.

By the signature below, the Applicant herein states she/he has fully and completely read the above statement, understands the above statement, and agrees to fully comply with the above statement.

| | | |
|---------|--|------------------------------------|
| Witness | | By: _____ Applicant's Signature |
| Witness | | Date: _____ |
| | | Project: _____ |

The undersigned, owner(s) of the certain real property described in the attached Exhibit "A" (the "Property"), do hereby appoint and expressly grant full authority to _____ to act as the sole agent of and on behalf of the undersigned in all matters related to and in connection with the attached Development Application. The undersigned hereby consents and agrees to be bound by the application, by any agreement made by the herein named agent with the City of Huber Heights in connection with this same case, and by all decisions made by the City in connection with this same case.

| | |
|-------------------|-------------------|
| Owner's Signature | Owner's Signature |
| Printed Name | Printed Name |

Sworn to before me and subscribed in my presence by the said _____ on this _____ day of _____, 20_____.

Notary Public