

APPLICATION FOR MAJOR SITE PLAN REVIEW

City of Toledo / One Stop Shop

DATE: _____

APPLICATION # _____

FEE: \$300.00

PERMIT TECH: _____

ZONING DISTRICT: _____

LEGAL DESCRIPTION: (Print below, or attach)

PROPERTY LOCATION (Street Address): _____

TAX DISTRICT AND PARCEL NO: _____ ASSESSOR NO: _____

ADDRESS and SIGNATURE OF PROPERTY OWNER(S), LESSEE, OPTION HOLDER
(please print)

NAME: _____

ADDRESS / STREET: _____

CITY / STATE / ZIP: _____

SIGNATURE: _____

CONTACT PERSON (if different from above): _____

ADDRESS / STREET: _____

CITY / STATE / ZIP: _____

CONTACT PERSON TELEPHONE: _____ FAX (optional): _____

CONTACT PERSON EMAIL: _____

SITE PLANS ATTACHED (See City of Toledo Site Plan Submission Requirements): _____

TARGET HEARING DATE:

(for office use)

Toledo City Plan Commission (2:00 p.m.): _____