

APPLICATION FOR MINOR SITE PLAN REVIEW

City of Toledo / Toledo-Lucas County Plan Commissions
(No Fee)

DATE: _____

APPLICATION #: _____

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): _____