

AKRON CITY PLANNING COMMISSION

REF. SECTIONS 153.460-.492 OF
THE CODE OF ORDINANCES OF
AKRON, OHIO 2004

To: City Council, Akron, Ohio

Date: _____

The undersigned (circle one) **owner / holder of option / lessee** / _____ of the property herein involved, does hereby petition for a Conditional Use as provided under the Code of Ordinances, Section 153.460-.492 for purposes set forth below.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION, NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. The proposed use is: _____

3. Estimated **TOTAL** project cost: _____

4. Attach two (2) sets of plans **drawn to scale** including:

- | | | | |
|--|--------------------|----------------------|------------------------|
| Street names and addresses | Parking | Landscaping | Building elevations |
| Location of property | Circulation drives | Yards | Signs |
| Location of building(s) | Traffic access | Open space | Utilities |
| Dimensions of property and building(s) | Loading areas | Interior arrangement | Refuse & service areas |

5. If plans were drawn using AutoCAD, please submit a copy on a **CD-ROM**. (See specification list.) Please label the disk with the name of applicant and the site address.

6. Attach a copy of the **property deed** for all parcels involved in this Conditional Use or a **legal description** prepared by a registered surveyor.

7. Attach **photographs** of the existing site, sufficiently labeled.

8. Attach a **letter/narrative statement** containing: (a) comments relating to the above requirements; (b) explanation of economic impact and mitigation of noise, glare and odor effects on adjoining property; and (c) general compatibility with adjacent and other properties in the district.

PRINT / TYPE name of **OWNER(S)**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____)

Email: _____

PRINT / TYPE name of **Holder of option** **Lessee**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____)

Email: _____

ALSO NOTIFY:

ALSO NOTIFY:

Relationship to Petitioner (agent, attorney, principal, etc.)

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PRINT / TYPE

PRINT / TYPE

SIGNATURE: _____

SIGNATURE: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Zip: _____ Phone: (_____) _____

Email: _____

Email: _____

DO NOT WRITE BELOW THIS LINE

**A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to
Office of Integrated Development, Zoning Division
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628**

Please make CHECKS PAYABLE to City of Akron.

<u>Estimated TOTAL Project Cost</u>	<u>Applicable Fee</u>
\$ 0 - 20,000	\$ 250
\$ 20,001 - 100,000	\$ 750
\$ 100,001 - more	\$ 1,500

This is to certify that a fee of
\$ _____ has been
received for investigation incident
to this proposal.
Receipt # _____

PC – 2024 - _____ - _____

Councilperson _____ Ward _____

Signature of City Employee

Title

COUNCIL TIME STAMP

ZONING TIME STAMP

2024

AKRON CITY PLANNING COMMISSION

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 19, 2024	DECEMBER 08, 2023
FEBRUARY 16, 2024	JANUARY 05, 2024
MARCH 15, 2024	FEBRUARY 02, 2024
APRIL 12, 2024	MARCH 01, 2024
MAY 10, 2024	MARCH 29, 2024
JUNE 14, 2024	MAY 3, 2024
JULY 12, 2024	MAY 31, 2024
AUGUST 16, 2024	JULY 05, 2024
SEPTEMBER 20, 2024	AUGUST 09, 2024
OCTOBER 18, 2024	SEPTEMBER 06, 2024
NOVEMBER 15, 2024	OCTOBER 04, 2024
DECEMBER 13, 2024	NOVEMBER 01, 2024

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.