

CITY OF ROSSFORD, OHIO

SITE PLAN REVIEW APPLICATION

Date: _____

Receipt No. _____ Permit No. _____ Check No. _____ Bank _____

Fee: \$550.00 **(See below section RMC 1111.04 (d) noting additional fees)**

Zoning District: _____ Traffic Impact Study Required: Y/ N

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Contact Person [if different than above]: _____

Address/Street/City/Zip: _____

Contact Person Telephone: _____ email: _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____

RMC 1111.04 (d) An additional fee may be required to defray the expenses associated with the public review of the plans, including the need to retain a professional engineer, architect, or landscape architect or other professional consultant, registered in the State of Ohio, to advise the City on any or all aspects of the site plan.

The Planning Commission meets the second Wednesday of the month at 7:00pm in the Municipal Building 133 Osborn Street in Rossford.

Zoning Inspector Signature _____ Date _____