



PC Case# _____	Date Received: _____
Reviewed By: _____	PC Meeting Date: _____
Council Meeting Date: _____	Date of Legal Publication: _____
Fee: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____

Planning Commission Application

Applicant: _____ Phone Number: _____

Mailing Address: _____

Applying for:

- Subdivision
- Subdivision/Planned Development Modification
- Zoning District Change
- Minor Subdivision - Lot Split & Replat
- Commercial Bldg. Architecture & Landscaping Review

Property Address: _____

Parcel ID#: _____ Acreage: _____

Subdivision: _____ Lot#: _____

Current Zoning District: _____ *If Applicable*, Proposed Zoning District: _____

Located in Flood Hazard: _____ Sewer: _____ Water: _____

I hereby authorize and grant to the City of Clayton Officials and employees, members of the Planning Commission and City Council the right to come onto the above described property for the purpose of inspecting and evaluating the premises regarding this application. I further release said Board members, and City employees and officials from any and all liability during said inspection and related matters.

I swear that the above information and attached exhibits, to my knowledge, are true and correct. I understand that if the information on this application is not correct or complete, the result may be the invalidation of the approval and all subsequent permits issued in conjunction with this approval.

Applicant's Signature

Date



Affidavit

State of Ohio; County of Montgomery

I (We) _____ after being first duly sworn, depose and say:

1. That I (We) are the owner(s) of the above described real estate;
2. That I (We) have read and examined the application and are familiar with its contents; and
3. That I (We) have no objections to, and consent to such request as set forth in the application.

Property Owner(s) Signature(s)

Mailing Address

Phone Number

Subscribed and sworn to be before me this _____ day of _____ 20__

Notary Public Signature

Name (Person to be contacted for details, if other than above signatory)

Mailing Address

Phone Number