

VILLAGE OF SOUTH LEBANON PLANNING COMMISSION APPLICATION

1. Application Type: (check the appropriate box) (all plans must be folded when submitted)

<input type="checkbox"/>	Draft Plan-Discussion Only	<input type="checkbox"/>	Preliminary PUD
<input type="checkbox"/>	Site Plan	<input type="checkbox"/>	Final PUD
<input type="checkbox"/>	Landscape Plan	<input type="checkbox"/>	Rezoning
<input type="checkbox"/>	Construction Drawings. (Please complete Fee Schedule form on Page 2)	<input type="checkbox"/>	Lot Split
<input type="checkbox"/>	Preliminary Plat (Please complete Fee Schedule form on Page 2)	<input type="checkbox"/>	Conditional Use
<input checked="" type="checkbox"/>	Final Plat or Replat <u>LOT 26A 5185 WILSON RD</u>	<input type="checkbox"/>	Special Meeting
<input type="checkbox"/>	Right-of-Way Dedication Plat <u>RDGE</u>	<input type="checkbox"/>	Other:

(See Page 3 for complete Fee Schedule and Submittal Requirement Information)

2. Development Information:

Development/Business Name:			
Type of Business/Project Description:			
Location: <u>LOTS 25+26 HOMESTEAD OF BAKER</u>		Size of Building:	
Current Zoning: <u>5185 5193</u>		Rezoning to:	
Total Acreage: <u>.7872</u>		Acres to be Rezoned:	
Number of Employees:		Number of Fleet Vehicles:	
Current Owner of the Property		Project Contact (Architect, Engineer, Planner)	
Name: <u>RANDY + SUE SAGRAVES</u>		Name:	
Address: <u>7434 C TURTLE LAKE</u>		Address:	
City: <u>MAINEVILLE</u> State: <u>OH</u> Zip: <u>45039</u>		City: State: Zip:	
Telephone: <u>513-702-0115</u> Fax:		Telephone: Fax:	
Applicant(s): <u>RANDY SAGRAVES</u>			
Address: <u>7434 C TURTLE LAKE</u>			
City: <u>MAINEVILLE</u> State: <u>OH</u> Zip: <u>45039</u>			
Telephone: Fax:			
Please Print Applicant's Name Here: <u>RANDY SAGRAVES</u>			
* Applicant's Signature: <u>[Signature]</u>			

* Applicant is responsible for payment of all fees (See Fee Schedule and Footnotes on Pages 3 and 4 respectively.)

TO BE COMPLETED BY THE VILLAGE OF SOUTH LEBANON

Application Number: _____	Date of Planning Commission Meeting: _____
Fee Paid: _____	Drawn: _____ Check #: _____ Date: _____ Initial: _____
Legal Notices Advertised: _____	Mailed to Surrounding Property Owners: _____

3. Rezoning and Preliminary PUD Plan Requests

Surrounding Property Owners: Please list the names and addresses of all **Owners of Real Property** within 300 feet of any part of the property as such names and addresses appear on the most recent tax duplicate on 2 sets of mailing labels. (See submittal requirements on page 3).

4. Signatures Required

By signing this application, I attest under penalty of law that all the information given above is correct to the best of my knowledge.

Please **Print** Applicant's Name:

RANDY SAGRAVES

Applicant's Signature:

[Signature]

Date:

10/31/14

Property Owner's Signature:

Date:

5. Fee Determination for Construction Drawings and Preliminary Plat Submittals

Please create a detailed breakdown of the estimated infrastructure breakdown cost for the project and attach it to this application. For Construction Drawings complete Item 1 and for Preliminary Plats complete Item 2.

Total Infrastructure Cost \$ _____ (A)

1 – Construction Drawing Fee Breakdown

1.25% of Total Infrastructure Cost* (Line A x 0.0125) \$ _____ (B)

1.50% of Total Infrastructure Cost** (Line A x 0.015) + \$ _____ (C)

Application Fee + \$ 150.00 (D)

Total Construction Drawing Fee (Line B + C + D) \$ _____ (E)

2 – Preliminary Plat Fee Breakdown:

0.25% of Total Infrastructure Cost* (Line A x 0.0025) \$ _____ (F)

Application Fee + \$ 150.00 (G)

Total Preliminary Plat Fee (Line F + G) \$ _____ (H)

Total Paid with Application/Submittals (Line E+H) \$ _____

* Due upon submittal

** Due prior to construction