

PLAN REVIEW APPLICATION CITY OF MAUMEE – DIVISION OF ZONING 400 CONANT STREET, MAUMEE, OH 43537

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APPLICATION TYPE (check all that apply):	[] SITE PLAN/DESIGN STANDARDS [] SUBDIVISION [] PRELIMINARY PLAT [] FINAL PLAT
PROPERTY ADDRESS:	PARCEL #:
OWNER NAME AND PHONE:	
OWNER ADDRESS:	
OWNER EMAIL:	
	PROPOSED USE:
costs of legal advertising, engineering or other be paid by the undersigned whether this applie	eing paid with this application all cost allocated hourly fees for review, all consultants and legal fee expense incurred by the City of Maumee shall cation is granted or not and that no change of zoning shall become come effective until and unless all said costs are paid. I hereby choose to represent me on this matter:
Name of Agent Address (Owner Name if None)	Telephone
Email Address	
<u>NOTE</u> :	
 IF THIS APPLICATION IS FOR SITE P SECTION 1135.05 OF THE M.C.O. 	LAN REVIEW, IT MUST CONTAIN ALL INFORMATION REQUIRED UNDER
 IF THIS APPLICATION IS FOR A CONTHE M.C.O. 	IDITIONAL USE, IT MUST MEET ALL REQUIREMENTS OF CHAPTER 1134 OF
 IF THIS APPLICATION IS FOR PRELII UNDER CHAPTER 1169 OF THE M. 	MINARY OR FINAL PLAT, IT MUST CONTAIN ALL INFORMATION REQUIRED C.O.
 IF THIS APPLICATION IS FOR SUBDI M.C.O. 	VISION, IT MUST MEET ALL REQUIREMENTS OF CHAPTER 1165 OF THE
By signing below, you are agreeing that you had Ordinance (M.C.O.), and that this application is	ve read all applicable Chapters and Sections of the Maumee Codified ncludes all required information.
Owner Signature	 Date

^{**} INCOMPLETE APPLICATIONS WILL BE DENIED AND APPLICABLE FEES WILL BE CHARGED FOR ALL RE-SUBMITTALS**