



**City of Fostoria**  
**213 S Main St.**  
**Fostoria, OH 44830**  
**419-435-8243**

[zoning@fostoriaohio.gov](mailto:zoning@fostoriaohio.gov)

**Planning Commission Application for Site Plan Review**

**Processing Fee \$150.00**

Application Number \_\_\_\_\_

The undersign requests that the Site Plan approval be granted for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application, and any conditions or safeguards required by the Planning Commission shall be installed and/or observed.

1. Name of Owner \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone No (Business) \_\_\_\_\_ (Mobile) \_\_\_\_\_

FAX Number \_\_\_\_\_ Email Address \_\_\_\_\_

2. Project Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_

(If not platted lot, attach a legal description)

3. Present Zoning Classification \_\_\_\_\_

4. Flood Zone Classification \_\_\_\_\_

5. Description of Proposed Use \_\_\_\_\_

6. Local Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**This application, 1 electronic set of site plans and 1 electronic set of structural plans (7) 11x17 sets of site plans, (2) 11 x 17 sets of structural plans, (1) 24x36 set of site plans (1) 24 x 36 set of structural plans, fee and all items listed above shall be submitted a minimum of fourteen (14) days prior to the next scheduled City Planning Commission Meeting to be considered for placement on the agenda. I understand that upon review, if any of the items listed in the Site Plan Review has been omitted, the City may remove this submittal from consideration for the City Planning Commission Agenda.**

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

(For Planning Commission Use Only)

Date Filed \_\_\_\_\_ Date of Notice in Newspaper (if required) \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_ Fee \$ \_\_\_\_\_ Receipt Number \_\_\_\_\_

Recommendation of the Planning Commission Approval / Approved with Conditions / Denial

Approval with Conditions (List Conditions) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Denial \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Chairman, Planning Commission

\_\_\_\_\_  
Secretary, Planning Commission