

**IMPROVEMENT PLAN REVIEW APPLICATION– CONDITIONAL ZONING
City of Tallmadge**

Date _____ Base Fee **\$500.00**
Rect.# _____ Plus \$20 per lot or dwelling Unit _____
Plus incurred outside consultant fees _____
TOTAL FEE \$ _____

Includes original submittal and one re-submittal. Each additional re-submittal \$100 each

Applicant _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ E-Mail _____

Owner _____

Address _____ City _____ State _____ Zip _____

Phone No. _____ Fax No. _____ E-Mail _____

Location of area to be developed _____

Present Zoning _____ Size of Area _____

Name of Development/Structure _____ #of Units _____

APPLICANT SHALL FURNISH 4 COPIES OF final detailed engineering drawings prepared by registered engineer drawn to scale on 24" x 36" sheets and meeting all applicable City and State standards and regulations. Upon final completion and approval of construction, record drawings on mylar and electronic file (Autocad) format shall be filed with the Building & Zoning Department.

I hereby certify that all of the above statements and the statements contained in any supporting data are true to the best of my knowledge. I hereby give consent to the City of Tallmadge Officials, while this review form is pending, to come on the subject property for the purpose of reviewing the potential effect of this request.

Signature of Applicant

Signature of Owner

Printed Name of Applicant

Printed Name of Owner