



**THE CITY OF MT HEALTHY  
ECONOMIC DEVELOPMENT  
BUILDING AND PLANNING**  
7700 Perry Street  
Mt. Healthy, Ohio 45231  
513.728.3182  
[www.mthealthy.org](http://www.mthealthy.org)

DEVELOPMENT REVIEW APPLICATION

<b>Application Number:</b> _____	<b>Date:</b> _____
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**Name of Project:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Parcel Number** \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Applicant Contact Information: PH** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Property Owner Contact Information: PH** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CURRENT ZONING DISTRICT:** \_\_\_\_\_

**Current Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

The following **MUST** be submitted at the time of application:

1. One (1) complete set of drawings in PDF form sent digitally.
2. Four (4) sets of civil plans, drawn to scale, showing actual dimensions and the shape of the lot to be built upon.
3. Four (4) sets of landscape plans, drawn to scale. Plus (1) set submitted separately.
4. Four (4) sets of lighting plan, drawn to scale.
5. Four (4) sets of a color rendering and elevation of proposed building.
6. Legal Description of Property

The undersigned applicant certifies that this application and attached supporting documentation herein submitted are in all respects true and accurate to the best of their knowledge and belief.

**Applicant's Signature:**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fee** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Check [ ] Number** \_\_\_\_\_ **Cash [ ]**

**APPROVED**       **DENIED**      **Date:** \_\_\_\_\_

**Special Notes/Provisions:** \_\_\_\_\_

**Building/Zoning Official Approval** \_\_\_\_\_