



**City of Aurora, Ohio – Planning, Zoning & Building Division**  
 129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

**PLANNING COMMISSION APPLICATION**  
 Planning Commission meets the first and third Wednesday of the month

Deadline: 14 business days before the Planning Commission meets

Requirements: Electronic and Paper Submissions will be required. Please call for info.

Fees: Consult Administrative Assistant to see if fees are applicable

OWNER  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

REPRESENTATIVE AT MEETING (If different than owner)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Site Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> New	<input type="checkbox"/> Revised
Subdivision Plat Name of Subdivision _____ _____ Site Plan _____ _____ Minor Subdivision _____ Development Plan _____ Conditional Zoning Certificate * _____ Zoning Amendment Text _____ Other _____	Phase Preliminary <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Revised <input type="checkbox"/> Number of Lots _____ Project Name _____ Description of Proposal _____ Section Numbers _____			

**\*Complete narrative required**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Property Owner (\*Please sign & print name.)

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Per Section 1109.14 of the Aurora Codified Ordinances, fees are to be charged for engineering and/or inspection services provided by the City. In the event said fees are necessary for your project, please provide the following information for the entity who will be responsible for payment of those fees.

**PLEASE PRINT**

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Project#	_____
Project Name	_____
Site Location	_____
Project Type	_____



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**PLANNING COMMISSION EXTENSION APPLICATION**

**Extension of review time for action on a final plat**

I \_\_\_\_\_, hereby agree to an extension of up to 120 days for the review and action on the Final Plat of the \_\_\_\_\_ subdivision by the City of Aurora Planning Commission.

Under state law, I have a right to have my application approved or denied within 30 days of submittal of the same, however, I agree to be bound by the City of Aurora Codified Ordinances.

Pursuant to the City of Aurora Codified Ordinance Section 1105.03(e), my application shall be approved or denied within 120 days of submission in order to ensure that all codes, regulations, and laws are adhered to, and that any issues during the development process can be thoroughly reviewed and resolved with the city prior to approval.

\_\_\_\_\_  
Owner or Authorized Representative

\_\_\_\_\_  
Date

-----FOR OFFICIAL USE ONLY-----

APPLICATION NO: \_\_\_\_\_

DATE PRELIMINARY PLAN RECEIVED: \_\_\_\_\_