

VILLAGE OF UNION CITY
SITE PLAN REVIEW, RESIDENTIAL SUBDIVISION & SPECIAL USE
APPLICATION

See fee schedule for details. Receipt # _____ Date Rec'd: _____

Application is being made for: Preliminary Site Plan Review Final Site Plan Review
 Combined Site Plan Special Use Permit
 Preliminary Plat Review Final Plat Review

Property Address	Tax Code I.D.	Proposed Use	Zoning District
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Property Owner, Address, City, State, Zip	Phone
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Applicant (if other than owner) , Address, City, State, Zip	Phone
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Representative, (e.g. Engineer), Address, City, State, Zip	Phone
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Regulations and Standards (applicant must complete):

*** These standards shall also be noted on the site plan.

District Requirement **Plan Submitted**

() check here if corner lot – corner lots are considered to have two front yards and two side yards.
Indicate N/A if item is “not applicable.” *Show required setbacks on all proposed residential lots.

1. Front Yard Setback (ft)* _____ _____
2. Side Yard Setback (ft)* _____ _____
3. Rear Yard Setback (ft)* _____ _____
4. Height (ft) – Principal Structure _____
 Accessory Structure (s) _____ _____
5. Lot Width (ft) _____ _____
6. Total Site Area (sq ft) _____ _____
7. Total Bldg. Coverage (sq ft) _____ _____
8. Lot Coverage (%) _____ _____
9. Floor Area/Unit (sq ft) _____ _____

10.	# Units (residential only)	_____	_____
		Submitted	Not Submitted
11.	Right-of-way Design	_____	_____
12.	Location of utilities	_____	_____
13.	Location of curbs & sidewalks	_____	_____
14.	# Parking Spaces	_____	_____
	# Barrier Free Spaces	_____	_____
15.	Professional Engineer's Certification	_____	_____
16.	Legal Description of Property	_____	_____
17.	Proof of Ownership	_____	_____
18.	Plans Dated with North Arrow And Scale	_____	_____
19.	Twelve Sets of Plans Submitted	_____	_____

*Please provide a narrative description of the project and identify the reasons for omitting any of the required information.

Owner's Signature	Date	Applicant's Signature	Date
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Date

Applicant's Signature

Date

Additional required information for Special Use Permit:

Statement describing the proposed use. This should include information about the hours of operation, number of employees and clients, type of programming or services, traffic expected to be generated, and any other pertinent information and/or site development characteristics.

STAFF REVIEW:

Reviewed by: _____

Planning Commission review date:

Village Council review date:

_____ Date Approved

APPROVAL STAMP

_____ Date Denied

REASONS FOR DENIAL:

ARE THERE ANY EXISTING NONCONFORMITIES/VARIANCES OR SPECIAL LAND USE
PERMITES PREVIOUSLY GRANTED FOR THIS PROPERTY:

siteplanreviewspecialuse