

TND REGULATING PLAN REVIEW

Department of Building & Zoning Services

Scott Messer, Director

111 N Front St, Columbus, Ohio 43215

Phone: 614-645-7433 • www.columbus.gov/bzs • zoninginfo@columbus.gov

DEPARTMENT OF BUILDING
AND ZONING SERVICES

OFFICE USE ONLY

Application Number: _____

Date Received: _____ Existing Zoning: _____ Acreage: _____

Height District: _____ Zoning Map #: _____ Fee: _____

Accepted by: _____ Comments: _____

LOCATION

1. Address (From Address Card), City, State & Zip _____

Parcel Number (only one required) _____

TND Zoning District(s) _____ Proposed Use: _____

APPLICANT

2. Name _____

3. Address, City, State & Zip _____

4. Phone # _____ Email _____

PROPERTY OWNER(S)

5. Name _____

6. Address, City, State & Zip _____

Check here if listing additional property owners on a separate page.

ATTORNEY/AGENT (CIRCLE ONE)

8. Name _____

9. Address, City, State & Zip _____

10. Phone # _____ Fax # _____ Email _____

SIGNATURES (ALL SIGNATURES REQUIRED)

11. Applicant Signature _____

12. Property Owner Signature _____

13. Attorney/Agent Signature _____

My signature attests to the fact the attached application package is complete and accurate to the best of my knowledge. I understand that the City staff review of this application is dependent upon the accuracy of the information provided and that any inaccurate or inadequate information provided by me/my firm/etc., may delay the review of this application.

Signature _____

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.

For all questions regarding this form, please call: 614-645-8637

Please make all checks payable to the Columbus City Treasurer

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TND REGULATING PLAN REVIEW APPLICATION CHECKLIST

The application package must contain two (2) complete sets of all items listed below, one of which must contain the original signed form(s).

- TND Regulating Plan Review Application**
- Certified copy of the rezoning ordinance applicable to the site**
A certified copy of the rezoning ordinance may be obtained from the City Clerk's Office, City Hall, 90 W. Broad Street, 2nd Floor, Columbus, Ohio 43215, Phone (614)645-7380.
- Certified Address**
Generally the rezoning case address will be used. A Certified Address may be obtained from the Columbus Department of Public Service, Division of Planning & Operations; 50 W. Gay Street Phone (614)645-5661. Columbus, Ohio 43215.
- Legal Description of the Subject Property**
Generally, the rezoning case legal description will be used.
- TND Regulating Plan Review Checklist**
The checklist is to be completed by the Applicant, including any comments that clarify or explain the submitted plan and suggested points to be assigned.
- Project Statistics Table**
- Existing Conditions Plan**
Existing Conditions Plan at 1"=200' min., showing location plan, north arrow, scale, property lines, dimensions and area, adjacent properties, existing thoroughfares, existing buildings, and natural and historic resources.
- Proposed Site Plan**
Site Plan at least 1"=200' min., with corresponding statistics, showing natural and historic resources, zoning districts, proposed thoroughfares and thoroughfare types, proposed civic spaces, and adjacent properties, thoroughfares, buildings, and natural and historic resources.
- Street Trees**
A list of street tree species, for approval by the City Forester.
- Civic Space Detail Plan and Specifications**
Civic Space Detail Plans at 1"=50' min., showing landscaping and location of benches and play equipment, catalog cuts of Site Furniture; details and specifications of pads for site furniture; layout drawings and manufacturer specifications of playground equipment; and details and specifications of playground surfacing material.
- Front Façade Elevations for All Principal Buildings.**
- Final Home-Owners Associations documents.**
- Illustrative Site Plan at 1" = 200' min. (Optional)**
- Application Fee (Non-Refundable)**

NOTE: Additional materials may be required to document compliance with TND requirements.