

EXEMPTION APPLICATION (outdoor storage display & sales)

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

Project/Property Address or Location:		Project Name/Business Name (if applicable):	
Parcel ID No.(s):		Current Zoning:	
Please check one: Seasonal Sale (Agriculture) <input type="checkbox"/> Sidewalk Sale <input type="checkbox"/>		Type of merchandise:	
Size of area to be used on property:		Height of merchandise:	
Requested duration of days:	Sale start date:	Sale end date:	
APPLICANT Name (primary contact) -do <u>not</u> use a business name:		Applicant Address:	
Applicant E-mail:		Applicant Phone No.:	
BUSINESS Name (if applicable):			
ATTORNEY/AGENT Name:		Attorney/Agent Address:	
Attorney/Agent E-Mail:		Attorney/Agent Phone No.:	
ADDITIONAL CONTACTS (please list all applicable contacts)			
Name(s):		Contact Information (phone no./email):	
Contractor			
Developer			
Architect			
PROPERTY OWNER Name: (if different from Applicant)		Property Owner Contact Information (phone no./email):	

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED (see page 2)

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: www.gahanna.gov

INTERNAL USE

Zoning File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____
CHECK#: _____

EXEMPTION APPLICATION – SUBMISSION REQUIREMENTS

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Review Gahanna Code Section 1167.08 (visit www.municode.com)				
	2. Plot plan of the property (must show EXACT location highlighted of the proposed storage and all streets, structures, building lines, & easements)				
	3. Temporary signage sketch or photograph including the following information :				
	- List the type of temporary signage (ex: a-frame, banner, attention flag, etc.)				
	- Sign dimensions (LxWxH)				
	- Proposed placement on property				
	- Days/times signage will be displayed				
	- Sign material(s)				
	- Background color(s) & letter color(s)				
	- Anchoring description				
	4. Application & all supporting documents submitted in digital format				
	5. Application & all supporting documents submitted in hardcopy format				
	6. Authorization Consent Form Complete & Notarized (see page 3)				

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: www.gahanna.gov

APPROVAL BY THE PLANNING & ZONING ADMINISTRATOR

INTERNAL USE

In accordance with Section 1167.08 of the Codified Ordinances of the City of Gahanna, Ohio, I hereby certify that this project, as stated above, was approved by the Planning & Zoning Administrator on _____.

The applicant shall comply with any conditions approved by the Planning & Zoning Administrator and shall comply with all building, zoning and landscaping regulations of the City of Gahanna.

No. of days previously approved this year: _____ **No. of days approved for this permit:** _____

Planning & Zoning Administrator Signature: _____ Date: _____

AUTHORIZATION CONSENT FORM

(must sign in the presence of a notary)

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S) *If the applicant is not the property owner, this section must be completed & notarized.*

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: _____ Date: _____

AUTHORIZATION TO VISIT THE PROPERTY

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: _____ Date: _____

NOTARY	Subscribed and sworn to before me on this ____ day of _____, 20____.	
	State of _____ County of _____	
	Notary Public Signature: _____	Stamp or Seal

AGREEMENT TO COMPLY AS APPROVED

I, _____, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: _____ Date: _____

NOTARY	Subscribed and sworn to before me on this ____ day of _____, 20____.	
	State of _____ County of _____	
	Notary Public Signature: _____	Stamp or Seal
