



City of New Carlisle
 Planning Department
 331 S. Church Street
 New Carlisle, Ohio 45344
 937.845.9492
planning@newcarlisleohio.gov

**PLANNING BOARD
 REVIEW
 APPLICATION**

Application Fee \$200.00

Applicant Information

Name of Applicant: _____ Email: _____

Mailing Address: _____

Phone Number: _____ Additional Number: _____

Project Description

Address of Property: _____

Property Owner: _____ Property Owner Phone: _____

Property Owner Mailing Address: _____

Existing Use (i.e., residential, commercial, etc.): _____

Zoning District (If not known, leave blank): _____

Reason for Planning Board Review: Subdivision Preliminary Plan Final Plat Replat
 Site Plan Review Conceptual Plan Lotsplit Request for Zoning Amendment
 Special Use Home Occupation Other: _____

Describe Selection Above: _____

Certification: I, _____, hereby affirm that I am the property owner or am authorized by the property owner to file this application for review. I further certify that this application and the attached plans and specifications are not a first draft product and represent the actual proposal for which I seek approval. I have investigated the City of New Carlisle Codified Ordinances and hereby certify that to the best of my knowledge, these plans conform to the pertinent requirements.

Signature: _____ Date: ___/___/___

OFFICE USE ONLY

Received By: _____ Date: ___/___/___ Fee Paid: \$_____



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BUILDING INFORMATION

Number of Employees: _____ Building Capacity: _____ Number of Seats: _____

Building Height: _____ Building Footprint: _____ Building Floor Levels: _____

Total Floor Area: _____ Located in a Floodplain: ___ Yes or ___ No

Boundary Clearances:

Front Setback: _____ Rear Yard: _____ Left Side Yard: _____ Right Side Yard: _____

Other Building Information: _____

DOMESTIC WATER

Size of Service Requested: _____

Basis for Design: _____

Water Service Details: _____

Fire Service Details: _____

Landscape Irrigation: _____

SANITARY SEWER SERVICE

Size of Service Requested: _____

Basis for Design: _____

Special Pre-Treatment: _____

Location, Connection: _____

Sanitary Service Details: _____



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STORM WATER MANAGEMENT

Storm Water Detention Plan: _____

Storm Water Retention Plan: _____

Outlet To: _____

100 Year Storm Calculations: _____

1 Year Storm Calculations: _____

Total Quantity of Detention Proposed: _____

Storm Piping Details: _____

FEMA Flood Zone: _____ Flood Zone Details: _____

PARKING LOT DESIGN

Type & Thickness of Paving: _____

Total Number of Spaces: _____ Number of Handicap Accessible Spaces: _____

Minimum Size Parking Space: _____ Minimum Width of Aisle: _____

Number and Type of Truck Loading Spaces: _____

Parking Lot Layout: _____

Driveway Width: _____ ft. Driveway Details: _____



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EXTERIOR AND PARKING LOT ILLUMINATION

Lumens: _____

Basis for Design: _____

Number of Exterior Lights: _____

Types: ___ Floodlights ___ Pole Mounted ___ Shoebox ___ Building Mounted

Lighting Details and Fixture Information: _____

LANDSCAPING

See Landscape Plan on Sheet Number: _____

Width and Types of Landscaping Along Streets: _____

Width and Types of Perimeter Landscaping: _____

Total Area and Type in Parking Lot Interior: _____

Percentage of Interior Landscaping Compared to Paved Area: _____

Adjacent Uses: North: _____ South: _____

West: _____ East: _____

Type and Width of Landscape Buffer Along Property Lines: _____

Irrigation: ___ Yes ___ No

Size, Type, and Number of New Trees: _____



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Size, Type, and Number of Trees Saved: _____

Size, Type, and Number of Trees Removed or Destroyed: _____

Size, Type, and Number of New Bushes, Shrubs: _____

Percentage of Landscaped/Lawn Area Compared to Lot Area: _____

OTHER PERTINENT INFORMATION

Attach Additional Sheets as Needed
