



City of Wilmington, Ohio
Director of Public Service
69 N. South Street
Wilmington, Ohio 45177

937-382-6509
937-382-1553 (FAX)

CITY OF WILMINGTON
REQUEST TO APPEAR BEFORE PLANNING COMMISSION
(Due 15 days prior to Planning Commission Meeting)

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail: _____

Reason for Request to Appear:

☐ Informal Discussion ☐ Conditional Use Request

☐ PD (Planned Development) Modification: Location: _____

Please describe PD changes: _____

☐ Re-Plat: Brief Description _____

☐ Other (Please Explain) _____

NOTE: FOR SUBDIVISION PLATS OR REZONING REQUESTS, PLEASE OBTAIN A SEPARATE APPLICATION.

Brief Description of Subject to be discussed: _____

Do Not Write Below. For Administrative Purposes Only.

Date Application Request Received: _____

Request placed on Planning Commission Agenda: _____
(Meeting Date)

Date Applicant Notified: _____

☐ By Phone ☐ By Mail ☐ By E-Mail ☐ Other: _____