# 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

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**Application Number:**  
**Date Received:**  
**Existing Zoning:**  
**Acreage:**  
**Height District:**  
**Zoning Map #:**  
**Fee:**  
**Accepted by:**  
**Comments:**

### LOCATION

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

2. **Parcel Number (only one required):**

3. **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:**

7. **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 ____________________________

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**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
# 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.