

**APPLICATION FOR A ZONING AMMENDMENT**

NO: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Legal Description of Property to be Reclassified: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property on Fronts: N S E W side of \_\_\_\_\_ Road or Street and is

\_\_\_\_\_ feet N S E W of \_\_\_\_\_ Road or Street.

The legal title to title said property now stands in the name of :

\_\_\_\_\_ and \_\_\_\_\_.

Property presently zoned: \_\_\_\_\_

Request property to be changed to: \_\_\_\_\_

Reasons for this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No previous application for a zone change of the above premises has been made during the twelve (12) month period preceding this request.

Date Accepted by the Zoning Commission: \_\_\_\_\_

Applicant: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

NOTE: This application must be typewritten and filed in triplicate with the Secretary of the Township Zoning Commission and must be accompanied by a fee of \$500.00, (\$600.00 if a P.U.D.). Cost of legal ads will be collected from applicant later.

Applicant must supply with this application:

- A. A vicinity map showing property lines, streets, and existing and proposed zoning.
- B. A list of all property owners within, contiguous to, and directly across the street from any and all part of the premises for which a zone change is requested.

Official Addresses can be obtained from the office of the Warren County Treasurer, 406 Justice Drive, Lebanon, Ohio (513) 695-1300

Property Owners  
(Within, Adjoining, or Across Street or Road From)

Name:

Mailing Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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Below for Use of the Zoning Commission

Date Application Accepted: \_\_\_\_\_ Date of Legal Ad: \_\_\_\_\_

Date Forwarded to Warren County Regional Planning Commission: \_\_\_\_\_

Action of Planning Commission: \_\_\_\_\_

Date of Public Hearing by Zoning Commission: \_\_\_\_\_

Allowed: ( \_\_\_\_\_ ) Disallowed: ( \_\_\_\_\_ )

Date Forwarded to Township Trustees: \_\_\_\_\_

Action of  
Trustees: \_\_\_\_\_

\_\_\_\_\_