

APPLICATION FOR ZONING AMENDMENT

Jersey, Ohio

Application Number: _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Property Owner(s) Name: _____
 Mailing Address: _____
 Phone Number: Home _____ Work _____
2. Location Description: Subdivision Name _____
 Section _____ Township _____ Range _____
 Block _____ Lot Number _____
 (If not in a platted subdivision attach a legal description of the area)
3. Existing Use: _____
4. Current Zoning: _____
5. Proposed Use: _____
6. Proposed Zoning District: _____
7. Supporting Information -- Attach the following items to the application:
 - a. A vicinity map showing property lines, streets, and existing and proposed zoning.
 - b. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
 - c. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
 - d. A narrative of the proposed amendment to the zoning map or text.

Signature: _____

Date _____

For Official Use Only

_____ Planning (Zoning) Commission

Date of Notice in Newspaper _____

Date of Notice of Adjacent Property Owner _____

Fee Paid: _____

Decision of Board of Zoning Appeals: _____

If approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If denied, reason for denial:

Date: _____

_____ Board of Zoning Appeals

_____ Chairman

Note: One (1) copy to be filed with the Zoning Administrator and two (2) with the Board of Zoning Appeals.