

APPLICATION FOR MAP AMENDMENT
ZONING COMMISSION & BOARD OF TRUSTEES

APPLICATION # _____

DATE: _____

TYPE OR PRINT – BLACK INK ONLY FEE: \$300.00 NON-REFUNDABLE

1) NAME OF APPLICANT: _____

2) ADDRESS OF APPLICANT: _____

3) PHONE NUMBER: RESIDENCE: _____ BUSINESS: _____

4) NAME OF LANDOWNER OR LESSEE: _____

5) ADDRESS OF LANDOWNER OR LESSEE: _____

6) PHONE NUMBER: RESIDENCE: _____ BUSINESS: _____

7) ADDRESS OF PROPERTY BEING REQUESTED FOR A MAP AMENDMENT (INCLUDE PERMANENT PARCEL NUMBER AND LEGAL DESCRIPTION)

8) PRESENT ZONING OF PROPERTY: _____

9) PROPOSED ZONING BEING REQUESTED: _____

10) ATTACHED AS PART OF THIS APPLICATION ARE THREE COPIES OF THE LEGAL DESCRIPTION AND MAPS (TAX MAP OR EQUAL).

11) PREVIOUS REQUESTS FOR REZONING OF THIS PROPERTY (IF KNOWN).

FROM _____ TO _____ DATE _____

12) THE EXISTING ZONING OF THE PARCEL IS UNREASONABLE BECAUSE _____

13) THE REZONING WOULD BE BETTER BECAUSE _____

14) LIST ALL CONTIGUOUS PROPERTY OWNERS (NAME, ADDRESS, CITY, STATE AND ZIP CODE).

15) THE ABOVE INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DATE

SIGNATURE OF LANDOWNER/LESSEE

* * * * * FOR TOWNSHIP USE * * * * *

DATE CERTIFIED COMPLETE _____ FEE PAID _____

RECEIVED BY ZONING COMMISSION _____

REFERRED TO SUMMIT COUNTY PLANNING COMMISSION _____

DATE OF ZONING COMMISSION PUBLIC HEARING _____

MODIFICATION _____

PLANNING COMMISSION - APPROVAL _____ DISAPPROVAL _____

MODIFICATION _____

ZONING COMMISSION - APPROVAL _____ DISAPPROVAL _____

MODIFICATION _____

REFERRED TO BOARD OF TRUSTEES _____

ACTION OF BOARD OF TRUSTEES _____

PLANNING COMMISSION INFORMED OF CHANGE _____

EFFECTIVE DATE OF CHANGE _____

OFFICIAL ZONING MAP REVISED _____

SIGNATURE OF TOWNSHIP CLERK