

APPLICATION FOR ZONING AMENDMENT

ALLEN TOWNSHIP, UNION COUNTY, 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. Name of Applicant(s): _____

Mailing Address: _____

Phone: _____

2. Location Description: Section _____ Range _____ Township _____
OR Virginia Military Survey Number _____ Lot# _____
(If not located in a platted subdivision or community attach a legal description)

3. Existing Use: _____

4. Proposed Use: _____

5. Present Zoning District/Classification: _____

6. Propsed Zoning District/Classification: _____

7. Supporting Information: Attach the following items to the application.
- a. A vicinity map showing property lines, streets(roads) and existing & proposed zoning.
 - b. A list of all property owners within, contiguous to and directly across the street(road) from the proposed rezoning area, if ten or fewer parcels are proposed for rezoning.

Date: _____ Applicant's Signature: _____

FOR OFFICIAL USE ONLY ZONING COMMISSION

Date Filed: _____ Date of Public Hearing: _____ Date of Notice In Paper: _____

Date of Notice to Property Owners: _____ Fee Paid: _____

Recommendation of Zoning Commission: Approval _____ Denial _____

If Denied, State Reason: _____

Date: _____ Allen Township Zoning Commission: _____

Chairperson

ALLEN TOWNSHIP, UNION COUNTY, OHIO

Application Number: _____

Allen Township Board of Trustees

Date of Recommendation Received from Zoning Commission: _____

Date of Public Hearing: _____ Date of Notice in Newspaper: _____

Action By Township Trustees: Approval _____ Denial _____

If Denied, State Reason: _____

Date: _____ Allen Township Board of Trustees: _____

Fiscal Officer