

Application for Ohio Township Zoning Amendment
Ohio Township Zoning Commission, Clermont County, Ohio
Administrative Form # 7

Case Number: _____
Filed: _____, _____

Parcel Identification number(s) _____

Note: This request must be type written and filed with the Secretary of Ohio Township Zoning Commission.

Applicant: _____ Address: _____

Owner: _____ Address: _____

To The Ohio Township Zoning Commission and The Ohio Township Board of Trustees:

I hereby make application and request the Ohio Township Zoning Commission to consider and to petition the Ohio Township Board of Trustees to amend the Zoning Resolution as hereinafter requested, dated: _____, 20____

Premises affected are situated on the _____ side of _____
(Street/Ave)

And known as lot Number: _____
(Street/Ave)

The lot(s) has a frontage of _____ feet and a depth of _____ feet

The premises is presently in _____ Zoning District.

It is requested that the premises be rezoned to _____ district.

The following are all the Individuals, firms or Corporations owning property adjacent to both sides and rear, and the property in front of (across the Street from) the premises which are the subject of this request: (Check with Tax records, in the County Court house if not known.) Use additional sheet if required.

<u>NAME</u>	<u>ADDRESS</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Application for Ohio Township Zoning Amendment
Ohio Township Zoning Commission, Clermont County, Ohio
Administrative Form # 7

Administrative Form # 7

The reasons for requesting such a reclassification are as follows: (Use additional pages if necessary.)

Please attach a sketch showing the property involved in the proposed change

From: _____ district to: _____ district

And locate by name on the sketch the respective lots, of those before mentioned properties affected by this Request. The sketch should also contain the dimensions of the properties shown and a North Arrow, and The category of existing development of those before mentioned lots, and the district boundary line.

X _____
Applicant's Signature

Date: _____ 2015

(_____)
Daytime phone number including area code/ Cell Phone number