

APPLICATION FOR ZONING AMENDMENT

Dover Township, 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 _____
Mailing Address _____
Phone Number (Home) _____ (Work) _____ (Cell) _____

2. Location Description:
Subdivision Name _____
Section _____ Township _____ Range _____
Block _____ Lot Number _____
(If not located in a subdivision attach legal description)

3. Existing Use _____

4. Present Zoning District _____

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. The proposed amendment to the zoning map or text in ordinance (resolution) form, approved as to form by the City (Village, County, Township) Legal Advisor.

Date: _____

Applicant: _____

For Official Use Only

(Planning Commission)

Planning (Zoning) Commission

Date Filed: _____