



**Jerome Township
Union County, Ohio**

9777 Industrial Parkway
Plain City, Ohio 43064
Office (614) 873-4480
Fax (614) 873-8664

Zoning Amendment

Application Form

<small>Office Use Only:</small>	
Application #: _____	Date: _____
Fee: \$ _____	Check #: _____

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

A. Applicant Information:

Name of Applicant: _____

Mailing Address: _____

Phone: Home _____ Business _____ Email: _____

B. Location Information:

Description _____

Subdivision Name : _____

Address: _____

Parcel Number(s): _____

Township: _____ Range: _____ Block: _____

Lot Size: _____ Acres: _____

(If not located in a subdivision attach a legal description)

N S E W side of _____

_____ feet, N S E W, from intersection of _____

Nearest major intersection _____

Existing Use _____

Present Zoning District _____

Proposed Use _____

Proposed Zoning District _____



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Supporting information: Attach the following items to the application:

1. A vicinity map showing property lines, streets, and existing and proposed zoning.
2. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
3. A statement of how the proposed rezoning relates to it to the Comprehensive Plan.
4. 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.
5. Fee as established according to Section 360.

Applicants or their official representative (attorneys, power of attorneys, etc.) must be present for rezoning hearings, Conditional Use Permit hearings or for Variance hearings to provide appropriate knowledge and/or pertinent answers to questions before an application may be passed on.

Date _____ Applicant Signature _____

**FOR OFFICIAL USE ONLY
(Planning Commission)**

_____ Planning (Zoning Commission

Date Filed _____ Date of Notice in Newspaper _____

Date of Notice mailed to Adjacent Property Owners _____

Date of Public Hearing _____ Fee Paid \$ _____

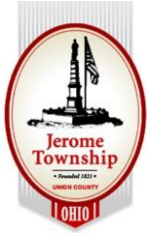
Recommendation of Planning (Zoning) Commission: Approval _____

Denial _____

Reason for Recommendation _____

Planning (Zoning Commission

Date _____ Chairman _____



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Date of Recommendation Received _____

Date of Notice in Newspaper _____

Date of Public Hearing _____

Action by Legislative Authority: Approval _____ Denial _____

If denied, reason for denial _____

Date _____ Clerk Signature _____

Note: Three copies of this form and supporting information must be filed with the Jerome Township Planning (Zoning) Commission.



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