



PLANNING AND ZONING COMMISSION (P&Z)
ZONING MAP AMENDMENT APPLICATION

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Application Fee: \$750.00*
Per Fee Schedule

Applicant: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Owner: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Architect/Designer for Applicant: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Address: _____

Lot Number/Subdivision: _____ Existing Use: _____ Proposed Use: _____

Zoning Map Change Request (attach necessary documents): From _____ District to _____ District in order to develop:

[Empty rectangular box for zoning map change request details]

Checklist:

- [] Zoning Map Amendment requirements set forth in Section 1131.04
- [] Attach a list of contiguous property owners as well as directly across the street from and within 250 feet of property
- [] Attach 5 copies of a vicinity map
- [] 1 digital copy (CD, USB, Email) of the complete application packet.
- [] Attach statement of compatibility of proposed zoning and use with adjacent properties and comprehensive plan
- [] Attach the required fee - \$750.00*

*Does not include transcript cost, which actual cost incurred.

- [] Post a public notice sign at least (10) days prior to a public hearing or public meeting, pursuant to ordinance 1107.035

Public notice sign details found here.

(See Over)

I agree to grant the City Staff, the Commission, Board or Council considering this application access to the property that is the subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Applicant: _____ Date: _____

Office Use
Received

Office Use
Type/Date: _____
Base Fee: _____ <u>\$750.00</u>
Prepared by: _____
Reviewed by: _____
PAYOR: _____
RECIEPT # _____