

APPLICATION NUMBER _____

EXHIBIT “ ___ ”

APPLICATION FOR ZONING MAP AMENDMENT
ATWATER TOWNSHIP, PORTAGE COUNTY, OHIO

Six copies required for all application documents.

1. Name of applicant _____

2. Address of applicant _____

3. Telephone _____ Fax Number _____ email _____

4. Name of property owner _____

5. Address of property owner _____

6. Telephone _____ Fax Number _____ email _____

7. Location and/or address of property to be rezoned _____

8. Attach the following:

a. legal description of property

b. tax parcel number(s)

c. property to be rezoned, size in acres _____.

d. map of property from Portage County Tax Map Office.

e. map showing surrounding parcels and zoning district of surrounding parcels.

f. list of names and addresses of owners of all properties within and contiguous to and directly across the street from the subject parcel (available from the Tax Map Office)

g. if only a portion of the recorded parcel is being considered for re-zoning, a map, drawn at 1”=100’ scale must be submitted for the subject parcel. Such map must be prepared by a registered civil engineer, surveyor, or other competent person showing exact dimension or portion of recorded parcel being considered for re-zonings.

9. Present zoning district(s) of subject property _____

10. What is the current use of the property? _____

11. Does the current **lot** conform with the existing zoning? YES _____ NO _____

12. Does the current **use** conform with the existing zoning? YES _____ NO _____

13. Are there any variances on the property? YES _____ NO _____

14. Are there any conditional uses on the property? YES _____ NO _____

15. Proposed zoning _____

16. The property will be used for, and have the following buildings, parking and other improvements constructed _____

17. Have there been any previous requests for re-zoning of this property? YES ___ NO ___

a. If yes, from _____ zoning district to _____ zoning district.

b. Date of previous request _____. Granted? _____

18. What is the proposed use of this property on the Township Comprehensive Plan?

19. The existing zoning is unreasonable and deprives the property owner of his lawful and reasonable use of the land because _____

(use additional sheets as needed)

20. The property has the following deed restrictions _____
(use additional sheets as needed)

21. The change will not be materially detrimental to the public welfare nor to the property of other persons located in the vicinity thereof because _____

(use additional sheets as needed)

22. How will the proposed re-zoning of this property benefit the community?

(use additional sheets as needed)

The above information and attached documents are true and accurate to the best of my knowledge.

Applicants signature

Date

(do not write below this line – for office use only)

Date Received _____ By _____

Fee Paid \$ _____

Application complete? YES ___ NO ___ Date of completion _____

Date of public notice letters sent _____

Date of Board of Zoning Commission Public Hearing _____

Date of Portage County Regional Planning Public Meeting _____

Portage County Regional Planning recommendation _____

Date of Board of Township Trustees Public Hearing _____

Approved by Zoning Commission? YES ___ NO ___ Secretary Signature _____

Board of Zoning Commission Chairman Signature _____

Modifications _____

Approved by Township Trustees? YES ___ NO ___ Secretary Signature _____

Modifications _____

Date of recordation at County Recorder's Office _____

Recordation Number (County Recorder's Office) _____