



City of Fostoria
 213 South Main Street
 Fostoria, OH 44830
 419-435-8243
 zoning@fostoriaohio.gov

Planning Commission Application for Zoning Amendment

Processing Fee **\$200.00 + ad fees**

Application No. _____

Name of Applicant _____

Mailing Address _____

Telephone Number _____ Business _____

FAX Number _____ Email Address _____

Location Address _____

Location Description: Lot No. _____ County _____ Ward _____ Zoning District _____

(If not a platted subdivision, attach a legal description)

Existing Use _____

Proposed Zoning District _____

Please attach a statement describing how the proposed rezoning relates to the Comprehensive Plan.

Date _____ Applicant Signature _____

(For Planning Commission Use Only)

Date Filed _____ Date of Notice in Newspaper (if required) _____

Date of Public Hearing _____ Fee \$ _____ Receipt Number _____

Recommendation of the Planning Commission Approval / Denial _____

Reason for Recommendation _____

Reason for Denial _____

Date _____

 Chairman, Planning Commission

 Secretary, Planning Commission