

APPLICATION FOR ZONING AMENDMENT
Pleasant Township, Ohio

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in the zoning resolution or in the zoning map as specified below.

1. Name of Applicant _____

2. Mailing Address _____

Phone Number: Home _____ Business _____

3. Locational Description:

Address _____

Subdivision Name _____ Lot No. _____

(If not located in a subdivision attach legal description)

4. Existing Use _____

5. Present Zoning District _____

6. Proposed Use & Reason for Zoning Change _____

7. Proposed Zoning District _____

8. Supporting Information: Attach the following items to the application:

a. A vicinity map showing property lines, streets, & existing 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. Said list to be certified that it was obtained from the County Auditor's current tax list.

Applicant

Date _____