

APPLICATION FOR ZONING AMENDMENT
Madison Township, Licking County, Ohio

Application Number: _____

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

1. Property Owner(s) Name: _____

Mailing Address: _____

Phone Number: Home _____ Work _____

2. Location Description: Subdivision Name _____

Section _____ Township _____ Range _____

Block _____ Lot Number _____

(If not in a platted subdivision attach a legal description of the area)

3. Existing Use: _____

4. Current Zoning: _____

5. Proposed Use: _____

6. Proposed Zoning District: _____

7. Supporting Information – Attach the following items to the application:

- a. A vicinity map showing property lines, streets, and existing and 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.
- c. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
- d. A narrative of the proposed amendment to the zoning map or test.

Signature: _____

Date: _____