APPLICATION FOR ZONING AMENDMENT

VIOLET TOWNSHIP, FAIRFIELD COUNTY, OHIO
(Ten Copies Required)

Date ____________________________ Case Number ____________________________
Applicant __________________________ Property Owner __________________________
Street Address __________________________ Street Address __________________________
City __________________________ City __________________________
Phone Number __________________________ Phone Number __________________________

In accordance with the provisions of Section IX of the Violet Township Zoning Resolution, I hereby apply to the Zoning Commission and the Township Trustees for a rezoning from the ___________________ Zoning District to the ___________________ Zoning District for property located at:

____________________________________________________________________________________
Street Address     City    State    Zip

1. The legal description of the property for which the rezoning is requested (describe by lot and subdivision, or metes and bounds using bearing distances)

____________________________________________________________________________________

2. Parcel Number(s)

____________________________________________________________________________________

4. Existing use of Property.

____________________________________________________________________________________

5. Proposed use of property.

____________________________________________________________________________________

6. Statement of the relation of the proposed zoning change to the general health, safety and morals in terms of need or appropriateness within the area, by reason of changed or changing conditions: and the relation to changing conditions and the relation to appropriate plans for the area. Also approval by the controlling health agency and the Fairfield County Engineer.

____________________________________________________________________________________
11. Attachments and additional information required (If rezoning to a Planned District, please refer to the Zoning Resolution for additional development plan submission requirements):

A. Provide a list of property owners within 500 feet of subject property, in accordance with the Fairfield County Auditors’ current tax list and shall include the addresses of all property owners.

B. A current and accurate survey or suitable drawing, drawn to scale, that depicts the property size and boundaries and the size, location and use of all existing and proposed structures and land for both the subject tract.

C. Map showing location of subject property.

D. Application fee payable to Violet Township Board of Trustees.

__________________________________  By _______________________________________
Signature of Property Owner         Signature of Applicant

Attorney for Applicant: ___________________________
Address _______________________________________
Telephone ________________________________