

**APPLICATION FOR ZONING MAP AMENDMENT
MERCER COUNTY, OHIO**

Application No. _____

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

1. Name of Owner _____

Mailing Address _____

Phone Number: Home _____ Work _____ Cell _____

2. Location Description (if not located in subdivision, attach a legal description)

Subdivision Name _____

Lot No. _____ Street _____

3. Present Use _____

4. Present Zoning District: _____

5. Proposed Use: _____

6. Proposed Zoning District _____

7. Statement of Reason(s) for the Proposed Amendment _____

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

- a. Vicinity map(s) showing property lines, streets and existing and proposed zoning
- b. Legal description of property
- c. A list of all property owners and their mailing address within, contiguous to and directly across the street from the proposed rezoning.
- d. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
- e. The proposed amendment to the zoning map in ordinance form approved as to form by the Mercer County Commissioners.

Signature of Owner _____ **Date** _____

(FOR OFFICIAL USE ONLY – Zoning Commission of Mercer County)

Date filed _____ Paid _____

Date of Zoning Commission Action _____

Recommendations of Zoning Commission Approved _____ Denied _____

Reason for recommendation _____

Zoning Commission Chairman

Date

(FOR OFFICIAL USE ONLY)

Date of Regional Planning Commission Recommendation Received _____

Date of Notice in Newspaper _____

Date of Notice to Adjacent Property Owner(s) _____

Date of Public Hearing _____

Action of Commission: Approved _____ Denial _____

If denied, reason for denial _____

Board Chairman

Date

Clerk

Date

Note: Three copies of this form and supporting information must be filed with the Regional Planning Commission of Mercer County