

APPLICATION FOR ZONING AMENDMENT
Wauseon, Ohio

This application form must be accompanied with a \$ 300.00 check or money order, made payable to the Clinton Twp. Trustees @ 5736 – 15-1, Wauseon, OH 43567.

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 Applicant:** _____
2. **Mailing Address:** _____
3. **Phone:** (Home) _____ (Business) _____
4. **Locational Description of Proposed Rezoning Site:** (Attach a legal description)
Section: _____ Town: _____ Range: _____
6. **Existing Use:** _____
7. **Proposed Use:** _____

8. **Existing Zoning District:** _____
9. **Proposed Zoning District:** _____

Supporting Information: (Attach the following items to the application.)

1. A vicinity map showing property lines, streets, and existing and proposed zoning;
2. A list of all property owners within, contiguous to and directly across the street from the proposed rezoning; and
3. A statement of how the proposed rezoning relates it to the Comprehensive Plan.

Signature of Applicant

Date: _____

(For Official Use Only)

(Clinton Township Zoning Commission)

Application No.: _____ Date Filed: _____ Fee Paid: _____

Date of Notice to Newspaper: _____ Date of Public Hearing: _____

Date of Notice to Adjacent Property Owners: _____

Recommendation of Zoning Commission: Approval _____ Denial _____

Reason for Recommendation: _____

Zoning Commission Chairman

Date: _____

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Legislative Authority
(Clinton Township Trustees)

Application No.: _____ Date Filed: _____

Date Recommendation Received from Zoning Commission: _____

Date of Public Hearing: _____

Action by Legislative Authority: Approval _____ Denial _____

If Denied, Reason for Denial: _____

Township Trustees:

Township Clerk:

Date: _____
