

BOARD OF TRUSTEES

Bonnie J. Batchler
Robert W. Pautke
Allen M. Freeman

Fiscal Officer

Debbie S. Schwey



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APPLICATION FOR ZONING AMENDMENT

APPLICATION NUMBER: _____

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____ FAX NUMBER: _____

EMAIL: _____

If agent, please explain relationship (architect, lawyer): _____

Request zone change from: _____ to _____

Total Area: _____ Acres

Addresses of property (if assigned): _____

List current owner of record, deed book and page and Auditor's parcel number of each parcel:

1. _____
2. _____
3. _____
4. _____
5. _____

Attach additional listings if needed

Applicant: _____

Owner: _____

Owner: _____