

BOARD OF TRUSTEES

Allen M. Freeman
Bonnie J. Batchler
Nicholas J. Kelly

Fiscal Officer

Debbie S. Schwey

Administrator

Loretta E. Rokey



950 Locust Corner Road
Cincinnati, Ohio 45245

(513) 752.6262

Fax # (513) 752.8418

www.piercetownship.org

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: _____

Note: Application is not complete until all information is received as required by the Zoning Resolution and Ohio Revised Code