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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: \_\_\_\_\_

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