



APPLICATION FOR ZONING AMENDMENT

The undersigned applies for zoning amendment. The hereby certifies that all information and attachments to this application are true and correct.

_____ Text Amendment _____ Map amendment _____ PUD Modification

1. Property Address: _____
Subdivision: _____ Parcel / Lot No. _____
2. Applicant name: _____ Phone #: _____
Applicants email address (Required): _____
Applicants Address: _____
3. Owner name: _____ Phone #: _____
Owner email address: (Required) _____
Owner Address: _____
4. Lessee name: _____ Phone #: _____
Lessee email address: (Required) _____
Lessee Address: _____
5. Present use: _____
6. Proposed Use: _____
7. Present Zoning district: _____ Proposed Zoning District: _____
8. Attach the following supporting information:
 - a. A scaled vicinity map showing lines and ownership, thoroughfares, existing and proposed zoning.
 - b. A list of all property owners and their mailing addresses who are within, contiguous to, or directly across the street from the Parcel(s) proposed to be rezoned and other that may have substantial interest in the case.
 - c. A statement on how the proposed amendment relates to the comprehensive plan.
 - d. If amendment is a PUD modification, a statement in detail on the proposed modification.
 - e. Notarized signature (or copy of driver's license) of acknowledgement from owners or Homeowner's Association President if PUD modification.



BUILDING DEPARTMENT
7900 Fitch Road, Olmsted Township, OH 44138
Phone Number: 440-235-4225 building@olmstedtownship.org

9. Attach any requested, supplemental, or necessary documentation or information
(NOTE: Zoning amendments do not affect any deed restrictions to property)

Applicants Signature: _____ Date: _____

All Property Owner(s) and Lessee(s) Signatures below:

_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____