PETITION FOR ZONING AMENDMENT
AUGLAIZE TOWNSHIP, ALLEN COUNTY, OHIO

DATE PETITION FILED: ___________________ PHONE NUMBER: ___________________

PETITIONERS NAME: ______________________

ADDRESS: ________________________________ CITY: _______________ ZIP: _________

GENTLEMEN:

Application is herein and hereby made, and filed with the Board of Zoning commission, for the purpose of securing a change of the established Zoning District of the below described real estate, situated in the township of Auglaize, County of Allen, Ohio:

Address of Property to be Rezoned: ____________________________________________

________________________________ City: _______________________ Zip: _____________

Present Use: ____________________________

From: (Existing Zoning) __________________

To: (Proposed District Change) __________

For the purpose of (Proposed Use) _____________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

The following documents are attached:

1. Legal description of the parcel(s) sought to be rezoned (Exhibit A).
2. A list of the owners of property within, contiguous to, and directly across the street from the land sought to be rezoned, showing their addresses as they appear on the County Treasurers mailing list (Exhibit B).
3. A sketch of the land, with accurate dimensions, sought to be rezoned showing the surrounding properties (Exhibit C).
4. Statement on how the proposed amendment relates to the Comprehensive Plan (Exhibit D).
5. Other Exhibits (list other documents submitted as requested by the Township Zoning Commission for the purpose of providing the fullest practicable presentation of facts).
Case # ZA-_____________

I/we, the petitioner(s) affirm that the proposed rezoning will not be detrimental to the general public and that the requested zoning is the best use of the property. I/we further certify that the above facts and information are true and correct to the best of my/our knowledge.

Signature of Petitioner(s):__________________________________________________________

Signature of Petitioner(s):__________________________________________________________

Printed Name of Legal Representative (if any): __________________________________________

Address of Legal Representative: __________________________________________________

Signature of Legal Representative (if any): ____________________________________________

Non-refundable Filling Fee: $_________________________ + Cost: $_____________________

Zoning Inspector Signature________________________________ Date: ________________

DATE TRANSMITTED TO ZONING COMMISSION: ______________________ (IMMEDIATELY)
DATE GIVEN TO LAcRCP: ______________________ (WITHIN 5 DAYS)
NOTICE DATE OF PUBLIC HEARING: ______________________ (AT LEAST 10 DAYS BEFORE)
DATE LETTERS MAILED IF LESS THAN 10 PARCELS: ______________________ (AT LEAST 10 DAYS BEFORE)
DATE OF Z.M. PUBLIC HEARING: ______________________ (WITHIN 20-40 DAYS)
DATE OF ACTION BY THE ZONING COMMISSION: ______________________ (WITHIN 30 DAYS AFTER PUBLIC HEARING)
DATE OF TOWNSHIP TRUSTEE PUBLIC HEARING: ______________________ (WITHIN 20 DAYS OF Z.M. APPROVAL)
EFFECTIVE DATE OF ACTION BY TOWNSHIP TRUSTEES: ______________________ (30 DAYS)