

APPLICATION FOR ZONING MAP AMENDMENT
Wayne Township Zoning Office
P.O. Box 89—6050 N. Clarksville Rd.—Waynesville, OH 45068

Application for (check one):

- Zoning Change
- PUD
- Variance
- Conditional Use
- Temporary Zoning Permit

| |
|---|
| Office Use ONLY: Name of Applicant: _____ Date Filed: _____ |
|---|

1. Property Owner/Legal Title Holder (Name and Address):

Primary Phone: () _____ Mobile Phone: () _____

2. Agent for the Property Owner (if Applicable):

Primary Phone: _____ Mobile Phone: _____

3. Legal Description of Property to be Reclassified (include acreage and road frontage):

THIS APPLICATION MUST BE EITHER ELECTRONICALLY OR LEGIBLY COMPLETED AND FILED IN TRIPPLICATE WITH THE TOWNSHIP ZONING INSPECTOR FOR PRESENTATION TO THE TOWNSHIP ZONING COMMISSION; THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE (SEE FEE SCHEDULE)

APPLICATION FOR ZONING MAP AMENDMENT
Wayne Township Zoning Office
P.O. Box 89—6050 N. Clarksville Rd.—Waynesville, OH 45068

4. Property Fronts on the Following Roads:

5. Property is Currently Zoned For: _____

6. Request Property to be Changed to Zone: _____

7. Reason for this Application:

8. FULL List of Adjoining Property Owners (within 500 ft. of property):

| NAME | Mailing Address |
|-------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

THIS APPLICATION MUST BE EITHER ELECTRONICALLY OR LEGIBLY COMPLETED AND FILED IN TRIPLICATE WITH THE TOWNSHIP ZONING INSPECTOR FOR PRESENTATION TO THE TOWNSHIP ZONING COMMISSION; THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE (SEE FEE SCHEDULE)

APPLICATION FOR ZONING MAP AMENDMENT
Wayne Township Zoning Office
P.O. Box 89—6050 N. Clarksville Rd.—Waynesville, OH 45068

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

9. I, the undersigned, attest that no previous application for zoning map amendment has been made during the 12-month period preceding the submission of this request and, affirm that all information is supplied by me, is true and correct.

Print Name: _____ Check: Owner Agent

Signature: _____ Date: _____

| | |
|--|---|
| For Zoning Commission Use Only: | |
| Date of Legal Notice: _____ | Date Forwarded to WCRPC: _____ |
| Action of Planning Commission: | |
| _____ | |
| _____ | |
| _____ | |
| Date of Public Hearing: _____ | <input type="checkbox"/> Approved <input type="checkbox"/> Denied |
| Date Forwarded to Township Trustees: _____ | |
| Action of Township Trustees: | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

THIS APPLICATION MUST BE EITHER ELECTRONICALLY OR LEGIBLY COMPLETED AND FILED IN TRIPLICATE WITH THE TOWNSHIP ZONING INSPECTOR FOR PRESENTATION TO THE TOWNSHIP ZONING COMMISSION; THIS APPLICATION MUST BE ACCOMPANIED BY THE APPROPRIATE FEE (SEE FEE SCHEDULE)