

# Etna Township, Ohio

Township Hall: 81 Liberty Street; P.O. Box 188; Etna, OH 43018-0188

Phone: 740-927-7717 Fax 740-927-1699

## Application for Zoning Amendment

(Refer to Articles 5 or 13)

Application # AM-\_\_\_\_\_

Fee Paid \$400

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

\_\_\_\_\_ Text Amendment \_\_\_\_\_ Map Amendment \_\_\_\_\_ PUD Modification

1. Property Address(s): \_\_\_\_\_  
\_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot#: \_\_\_\_\_

(Attach legal description if not platted) Parcel number(s): \_\_\_\_\_

2. Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

3. Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

4. Lessee: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 property lines & 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 others that may have a 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.

9. Attach any requested, supplemental, or necessary documentation or information

(Note: Zoning amendments do not affect any deed restrictions to property.)

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Township Use Only)

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ or Check #: \_\_\_\_\_