

Application# _____ **Application for Zoning Amendment (MAP)**

Village of Johnstown, Ohio

(Refer to 1137)

Fee

_____ notified neighbors @ \$5 = _____

Base fee \$250.00

_____ acres @ \$10 _____

Total Fee _____

1. Name of Applicant _____
Mailing Address _____
Phone Numbers: Home(_____) _____ Business(_____) _____
2. Name of Owner if applicant is lessee _____
Mailing Address _____
Phone Numbers: Home(_____) _____ Business(_____) _____
3. Current and accurate description of the property to which amendment would apply if enacted. (Attach legal description if not platted.) _____
4. The text of the proposed amendment to the Zoning Ordinance: Attach
5. Present use of land in question _____
6. Present Zoning District _____
7. Proposed Zoning District _____
8. A vicinity map in a reasonable scale that shows property lines, streets existing and proposed, existing and proposed zoning and whatever additional items as required by the Planning and Zoning Commission.
9. A statement of the relation of the proposed amendment to the general welfare of the community, to appropriate plans for the area, and to the changed or changing conditions behind the request for the amendment. _____
10. Any deed restrictions, easements, covenants and or encumbrance to be used to control use, development, and maintenance of land, and proposed uses shall be fully denoted by text and map _____
11. A list of owners of property within, contiguous to, and directly across the street(s) from such area proposed to be rezoned. Accompanied by the addresses of such owners.

I certify the information contained in this application and attachments is true and correct.

Date _____ Signature of Applicant _____

Date received _____ by _____

Date of Hearing _____ (minimum 20 days after application)

Date Approved / Denied _____ Commission Chairperson _____

Advertise Dates _____ & _____ in _____ (at least 7 days before hearing) Signature