



27 East Jefferson Street
Jefferson, Ohio 44047
Phone: 440.576.3941
Fax: 440.576.5548
WWW.JEFFERSONOHIO.US

PLANNING COMMISSION
APPLICATION FOR ZONING DISTRICT CHANGE

NOTE: Application must be made in the name of and be signed by the property owner or lessee of the property to be rezoned.

Date: _____ Application No. _____

The undersigned, owner of the following described property, hereby requests the consideration of change in the zoning district classification as specified below.

Name of Applicant: _____

Signature of Applicant: _____

Mailing Address: _____

Telephone: Home _____ Business _____

Locational Description: _____

Subdivision: _____

Street No. _____ Street Name: _____

Sublot No. _____

Existing Use: _____

Present Zoning District: _____

Proposed Use: _____

Proposed Zoning District: _____

Supporting Information

Attach the following items to the application

- (a) A vicinity map showing property lines, streets, and existing and proposed zoning districts.
- (b) A list of property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
- (c) Any information in regard to having the area rezoned.
- (d) Fee as established according to Ordinance 1301 Section 11.
- (e) Plot plan.