

PLANNING, ZONING & ECONOMIC DEVELOPMENT DEPARTMENT
9184 State Route 43, Streetsboro, OH 44241 (330) 626-4942 Ext. 127 Fax (330) 626-4035

APPLICATION FOR ZONING MAP AMENDMENT

Date: _____

Address of property (ies) requesting rezoning:

Property Lot #: _____ Acres: _____

Current Zoning: _____ Proposed Zoning Requested: _____

Current Land Use: _____

Proposed Land Use: _____

Property Owner(s) Name: _____

Property owner(s) address: _____

City, State, Zip

Property owner(s) phone #: _____ FAX # _____

Property owner(s) mobile #: _____

Reason for zoning map amendment request: _____

APPLICATION REQUIREMENTS:

1. Fee: **\$500.00** plus cost of notices (notices billed separately)
2. General Vicinity map of zoning district property is located in.
3. Legal Description
4. Names and addresses of property owners within 500 feet of the property. (For public hearing notification as required.)

I recognize it is my responsibility to submit a complete application and my failure to do so could subject this application to not being submitted for consideration by the Commission.

Property Owner(s) Signature: _____ Date: _____

Applicant Signature _____ Contractual Interest _____

All Fees are non-refundable (per Code Section 149.01)

Rev Fee 04-28-05 Ord. 2005-47