

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

**APPLICATION FOR ZONING TEXT AMENDMENT**

Date: \_\_\_\_\_

Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Applicant Address: \_\_\_\_\_ FAX # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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: \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Reason for zoning map amendment request:  
\_\_\_\_\_

**APPLICATION REQUIREMENTS:**

Fee: **\$500.00** plus cost of notices (notices billed separately)

- MAP OF ZONING DISTRICT THAT THE PROPERTY IS IN.
- NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 500 FEET OF THE PROPERTY.

***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.***

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

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