

FAIRFIELD TOWNSHIP ZONING COMMISSION BOARD

APPLICATION FOR ZONING DISTRICT CHANGE

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6032 Morris Road
Hamilton, OH 45011

Telephone: (513) 887-4400
Fax: (513) 887-4405

Case No.: _____
Newspaper: _____
Filed: _____
Fees: _____

This application must be filed by one or more of the owners or lessees of the property (O.R.C. 519.12), and filed with the Township Zoning Inspector.

WARNING: This application must be typewritten and if not complete, will be refused for filing. The accuracy of all of the information is the responsibility of applicant, and if the information is incorrect, or found not to be complete, the application will be refused and returned to applicant for correction. In any event the accuracy of all of the information is the responsibility of the applicant.

1. Name and addresses with Zip Codes, of all owners of property to be rezoned (as appears on the County Auditor's current tax list:

2. Name and address of applicant: _____

(If Applicant is not an owner, is the applicant a Lessee? Yes_____ No_____)
3. Name and telephone number of person to contact, concerning this application: _____

4. Legal Description of property to be rezoned (If there is not enough space use additional pages):

5. Addresses of ALL properties to be rezoned:

6. General location: Roads and Intersections:

7. Present Zone District: _____

8. Requested Zone District: _____

9. Reason for this application: _____

10. Attached hereto, in order to facilitate this application, shall be the following:

A. A copy of a plat showing the location and boundaries of the property to be rezoned, along with roads and intersections, if any.

B. Attached shall be a list of names and addresses of all owners of property within and contiguous to and directly across the street from the area proposed to be rezoned.

C. Applicant must submit seven (7) complete sets of application.

11. Attached is a check for \$500.00 for the purpose of defraying the expense of publishing notices in the newspaper and the necessary clerical and mailing expenses, as needed. Please note that any legal ads totaling more than \$65.00 must be paid by the applicant, and will be in addition to the required fee. All payments to be made to Fairfield Township. Should any payments not be made promptly this application will be refused and returned to applicant.

The above statements, and any attachments or exhibits which are all a part of this application, are true and correct.

Applicant or representative **must** be present at this meeting.

Applicant

Sworn to and subscribed before me, this _____ day of _____, 20____, by the above applicant.

Notary Public

My Commission Expires