



Case No. _____

Date Filed: _____

Please use ink

PLANNING COMMISSION

APPLICATION FOR A CHANGE IN THE ZONING MAP (REZONING)

Note: Not to be used for PUD or R-PUD District applications.

OWNER OF PROPERTY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If you are the applicant, and not the property owner, what is your legal interest in the property?
(i.e. renter, business owner, etc.)

Name, address and telephone number of person to contact for further information if different from the property owner or applicant.

Location of Area to be rezoned: _____

Lot Number(s) of area to be rezoned: _____

Acres (to nearest tenth) in area for rezoning: _____

Current Zoning District: _____ Proposed Zoning District: _____

1. Are there any restrictions which prohibit the uses permitted in the proposed zoning district?

If so, please explain: _____

2. Considering all land uses which would be allowed under the proposed new zoning, how does the applicant believe that the proposed zoning is more beneficial than the existing zoning from the standpoint of the public welfare?

3. Per Section 154.05.05 of the Zoning Code, the City Council may approve a rezoning request if one or more of the following findings can be made. Please respond to the conditions listed below indicating the manner in which your application satisfies any or all. Please be specific.

a. The change is in conformance with the comprehensive plan of the city;

b. There has been a substantial and significant change in area conditions;

c. There is a need for additional land in the zoning district classification being requested for a change;

d. There is an error in the Zoning Code.

I, _____, having been duly sworn, solemnly swear that I am the owner/applicant of the property described above and that I am familiar with the rules and regulations set forth in the Zoning Code for the City of West Carrollton, Ohio. I further swear that all information shown on the application and attachments is in all respects, true and correct to the best of my knowledge and belief.

I understand that the city will give notice of the public hearing by posting a “Zoning Request” sign at the location listed on the application until final decision is made on the application.

Owner

Applicant

Subscribed and sworn to before me this _____ day of _____
year of _____.

Notary Public

ADJACENT PROPERTY OWNERS LIST

Please list the names and addresses of all property owners **within 200 feet** of the property in question. The number below must correspond to the map which you will submit as part of your application.

<u>NAMES</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____