CLARK COUNTY COMMUNITY DEVELOPMENT

3130 E. Main Street, Suite 1A; Springfield, OH 45505
Phone: 937-521-2160 Fax: 937-328-2621 www.clarkcountyohio.gov/community development

REZONING APPLICATION

Townships: Bethel, Green, Harmony, Madison, Mad River and Moorefield (unincorporated areas only)

3-1-2012

A. APPLICANT INFORMATION

Applicant must be the current owner of record of the property requested for rezoning, a lessee of the property requested for rezoning, or an agent who possesses "Power of Attorney" from the owner or lessee. An application will automatically be rejected if filed by other than noted above.

NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ PHONE NUMBER ____ / ____ / _____

The Applicant is: ☐ Current property owner.
☐ Lessee of the property (Include a copy of the lease for the property).
☐ Agent (Include a copy of the "Power of Attorney" from the owner or lessee).

B. CONTACT PERSON

This is the person to respond to inquiries and receive all correspondence concerning the rezoning. If the Applicant noted above will serve as the contact person, write "SAME" in the place of the name below.

NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____ PHONE NUMBER ____ / ____ / _____

C. CURRENT STATUS OF THE PROPERTY TO BE REZONED

Street Address or location of the property _____

Permanent Parcel No _____ Acreage _____

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Township _____ Section ____ Town ____ Range ____ or VMS _____

Current Use(s) _____

_____

Are buildings or structures currently on the property? ☐ No ☐ Yes

If Yes, describe each _____

_____

D. REZONING REQUEST

Area to be rezoned _____ acres

Rezoning includes ___ all (or ___ part*) of Tax Permanent Parcel(s) noted above.

* If only part of the permanent parcel is to be rezoned, a lot division and new survey may be required.

Request is to rezone **FROM** _____ Zoning District(s) [the current zoning]

TO _____ Zoning District(s) [the proposed zoning]

Frontage of the rezoning parcel _____ feet Depth of the rezoning parcel _____ feet

Proposed use of the parcel and reason for the rezoning request: _____

_____

E. SURROUNDING LAND USES

Describe below the land uses in the immediate area of this rezoning request.

To the North _____

To the South _____

To the East _____

To the West _____

F. ITEMS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

FEE: A filing fee of $200, which is non-refundable, must be paid before a Rezoning Application can be accepted. If the fee is not paid, the application is void. Make checks payable to "Clark County Community Development".

MAPS: Submit two (2) copies of a map (i.e., mortgage survey map or copy of current Tax Map) showing the property to be rezoned. Lable as "Exhibit A-1" and outline or highlight the area to be rezoned. Note the location of existing structures with distances from lot lines and/or proposed zoning boundaries. Show existing and/or proposed access point(s) to a public road. Also show existing natural features of the site (such as creeks, ponds, drainage features, high and low spots) as well as any known easements. This map should be at drawn at 1 inch = 100 ft., 1 inch = 200 ft., or 1 inch = 400 ft. The map must be accurate and clearly readable. Also, submit a copy of the current Tax Map highlighting the area to be rezoned and draw a dashed line 200 ft. beyond and around the entire area to be rezoned. Identify all tax parcel numbers within the 200 ft., label as "Exhibit A-2" and submit two (2) copies.

LEGAL DESCRIPTION: Provide a written legal description of the area to be rezoned. Must be a surveyor's written description, copy of a recorded deed (if entire property is being rezoned) or an accurate written description provided by the Applicant. This legal description must coincide with the submitted map and must coincide with the area to be rezoned. Submit two (2) copies and label as "Exhibit B".

G. INFORMATION AND SUGGESTIONS

It is recommended that a sketch plan be submitted with the rezoning application showing what development is being proposed. All information, exhibits and data must be provided. Any missing or incomplete information, exhibits or data shall be a basis for rejecting an application for processing. If said application is rejected it shall not be processed and all items will be returned to the Applicant. The Applicant must submit sufficient information in order that a proper evaluation can be conducted for the rezoning site.

H. APPLICANT CERTIFICATION

I/We hereby submit this rezoning application (including all items and exhibits noted in 'G' above) and affirm that the information provided by myself and/or my agent is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this rezoning application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application.

Typed Name of Applicant	Signature of Applicant*	Date
Typed Name of Applicant	Signature of Applicant*	Date

* Applicant must be the owner, lessee or agent as noted in Part A.

REMINDER: A rezoning application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.