

Application for Zoning Amendment - Rezoning Millcreek Township Union County, Ohio

Application # ZA-_____

The undersigned owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant(s)/Owner(s): _____

Contact Name (if business): _____

Mailing Address: _____

Telephone Number: _____ Best time to contact Day / Evening

Cell / Office Phone Number: _____

e-mail: _____

2. Property Address(es) for rezoning: _____

3. Parcel Number(s): _____

4. Number of acres _____ Parcel Dimensions: _____

5. Existing Use: _____

6. Proposed Use: _____

7. Present Zoning District: _____

8. Proposed Zoning District: _____

9. Please submit one original and 15 copies of the application and all of the following documentation attached:

- a) Legal description and survey drawing
- b) Description of the proposed provisions for water, sanitary sewer and surface drainage with engineering feasibility studies or other evidence of reasonableness
- c) Site plan showing property lines, existing and proposed future buildings including the building footprint. Setbacks should be clearly marked.
- d) A vicinity map at a scale approved by the Zoning Commission showing property lines, thoroughfares, existing and proposed zoning and such other items as the Zoning Commission or Trustees may require.
- e) A list of all property owners and their mailing addresses who are within, contiguous to, or directly across the road (street) from the parcel (s) proposed to be rezoned and others that may have a substantial interest in the case, **except that addresses need not be included where more than ten (10) parcels are to be rezoned.**

Application for Zoning Amendment – Rezoning

Application # ZA-_____

INSTRUCTIONS TO APPLICANT & CERTIFICATION

- Applications must be submitted to the Zoning Secretary no later than the 1st Tuesday of the month to be added to the Zoning Commission meeting agenda for that month.
 - Application fees are nonrefundable
 - Information requested must be reviewed for completeness by the Zoning Commission prior to acceptance of application. Submission to the Zoning Secretary does not constitute official acceptance.
 - The application, if approved, is conditioned upon the truthfulness and completeness of the application. Should the information contained in this application be determined to be inaccurate or misrepresentative, then the application or use may be withdrawn by the Board of Zoning Appeals.
- The Township reserves the right to request additional information as needed
- By signing below the Applicant accepts the terms and conditions herein and attests to the accuracy of the information.
 - All supporting documentation provided becomes part of the application and public record.

Applicant certifies that all information contained herein is true and accurate and is submitted to induce the approval of the requested zoning amendment. The rezoning, if approved, is conditional upon the truthfulness and completeness of the application. Should the information contained in this application or supporting documents be determined to be inaccurate or misrepresentative, then the permit or use may be withdrawn by the Millcreek Board of Zoning Appeals. By signing this document, the applicant certifies that all information contained herein is true and accurate. The rezoning is conditioned upon the conformance to the Millcreek Township Zoning Resolution and the Millcreek Township Land Use Growth Plan.

Date: _____

Applicant's Signature: _____

Application for Zoning Amendment – Rezoning

Application # ZA-_____

For Official Use Only – Zoning Secretary & Commission

Date Received: _____ Received By: _____

Fee Paid: \$ _____ Check # _____ Expiration Date: _____

Complete: Yes / No Comments: _____

Date of Acceptance by ZC: _____ By: _____

Date of Public Hearing: _____

Date of Notice to Marysville Journal Tribune: _____ By: _____

Date of Notice to Neighbors / Applicant: _____ By: _____

Date of Notice to Trustees / Zoning Inspector: _____ By: _____

Date Forwarded to LUC: _____

LUC Comments / Recommendation Received: _____ Date: _____

Attach letter to this application

Application Recommended for Approval to Trustees: YES NO

Comments:

Zoning Commission Chair Signature: _____ Date: _____

Date Forwarded to Trustees: _____ By: _____

For Official Use Only – Board of Township Trustees

Date Received by Trustees: _____ By: _____

Date of Trustees Public Hearing: _____

Comments:

Application Approved: YES NO

Board of Township Trustees Chair Signature: _____ Date: _____