APPLICATION FOR ZONING AMENDMENT
GREENFIELD TOWNSHIP, FAIRFIELD COUNTY, OHIO

DATE ______________________

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

1. Name of Applicant ______________________________________________________________

2. Mailing Address __________________________________________________________________

Phone Number: Home ___________ Business _______________________

3. Location Description: Subdivision Name (if applicable) ___________________________

Parcel Number(s) ________________________________________________________________

Property Address (if applicable) __________________________________________________

4. Existing Use ____________________________________________________________________

5. Present Zoning District __________________________________________________________

6. Proposed Use __________________________________________________________________

7. Proposed Zoning District _________________________________________________________

8. Supporting Information: Attach the following items to the application:
   a. A vicinity map showing property lines, streets, and existing and proposed zoning.
   b. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
   c. The proposed amendment to the zoning map or text in resolution form, approved as to form by the Greenfield Township, Fairfield County, Ohio Legal Advisor.
   d. Fee as established according to Ohio Revised Code 519.12 A 1 by the Greenfield Township Trustees.

Date ____________________________ Applicant _________________________________________

Signature

Note: One copy of this form and supporting information must be filed with the Greenfield Township Zoning Board.
APPLICATION FOR ZONING AMENDMENT
GREENFIELD TOWNSHIP, FAIRFIELD COUNTY, OHIO
Greenfield Township Zoning Board

Date Filed ____________________________

Date of Notice in Newspaper ________________________________

Date of Notice to Adjacent Property Owners _______________________

Date of Public Hearing ________________________________

Fee Paid $ ________________________________

Recommendation of Zoning Commission: Approval ____________ Denial ____________

Reason for Recommendation/Denial ______________________________________
_____________________________________________________________________
_____________________________________________________________________

Date ____________
Chairman Zoning Commission

For Official Use Only
Greenfield Township Trustees

Date of Recommendation Received ________________________________

Date of Notice in Newspaper ________________________________

Date of Public Hearing ________________________________

Action by Greenfield Township Trustees Approval ____________ Denial ____________

If denied, reason for denial ______________________________________
_____________________________________________________________________
_____________________________________________________________________

Date ____________________________ Fiscal Officer ____________________________