



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 .

For Official Use Only



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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

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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 _____