

Application No.: \_\_\_\_\_

**APPLICATION FOR ZONING AMENDMENT**  
German Township, Fulton County, Ohio

A fee of \$250.00, payable to German Township, shall accompany this application. Please submit completed application and payment to the German Twp. Fiscal Officer.

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:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. **Phone:** (Home) \_\_\_\_\_ (Business) \_\_\_\_\_
4. **Locational Description of Proposed Rezoning Site:** (Attach a legal description)  
Section: \_\_\_\_\_ Town: \_\_\_\_\_ Range: \_\_\_\_\_
6. **Existing Use:** \_\_\_\_\_
7. **Proposed Use:** \_\_\_\_\_  
\_\_\_\_\_
8. **Existing Zoning District:** \_\_\_\_\_
9. **Proposed Zoning District:** \_\_\_\_\_

**Supporting Information:** (Attach the following items to the application.)

1. A vicinity map showing property lines, streets, and existing and proposed zoning;
2. A list of all property owners within, contiguous to and directly across the street from the proposed rezoning; and
3. A statement of how the proposed rezoning relates it to the Comprehensive Plan.

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

(For Official Use Only)

**(German Township Zoning Commission)**

Application No.: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Date of Notice to Newspaper: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_

Date of Notice to Adjacent Property Owners: \_\_\_\_\_

Recommendation of Zoning Commission: Approval \_\_\_\_\_ Denial \_\_\_\_\_

Reason for Recommendation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Zoning Commission Chairman** Date: \_\_\_\_\_

.....  
Legislative Authority  
**(Geramn Township Trustees)**

**Application No.:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Date Recommendation Received from Zoning Commission:** \_\_\_\_\_

**Date of Public Hearing:** \_\_\_\_\_

**Action by Legislative Authority:** Approval \_\_\_\_\_ Denial \_\_\_\_\_

**If Denied, Reason for Denial:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Township Trustees:**

**Township Clerk:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_