

Application No.: _____

**APPLICATION FOR ZONING AMENDMENT
CHESTERFIELD TOWNSHIP**

Fulton County, Ohio

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: _____

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

Application Fee Paid: _____

Date: _____

APPLICATION FOR ZONING AMENDMENT

Fulton County, Ohio

(For Official Use Only)

(Chesterfield Township Zoning Commission)

Application No.: _____

Date Filed: _____

Date of Notice to Newspaper: _____

Date of Notice to Adjacent Property Owners: _____

Date of Public Hearing: _____

Fee Paid: _____

Recommendation of Zoning Commission: **Approval** _____

Denial _____

Reason for Recommendation: _____

Zoning Commission Chairman

Date: _____

