APPLICATION AMENDMENT TO THE CLARIDON TWP ZONING CODE

NAME OF APPLICANT(S)_____
MAILING ADDRESS _____
PHONE:_____

1) Location Description: Property Address (es): _____
_____Lot Number(s): _____
2) Type of Amendment: Zoning Map_____ Zoning Text _____
3) Existing Use: _____
4) Present Zoning District: _____
5) Proposed Use: _____
6) Proposed Zoning District: _____
7) Applicants' comments: _____

_____

_____

_____

Attach supporting information such as legal description, maps showing property lines, streets, existing and proposed zoning along with any other pertinent information.

8) Names and addresses of all property owners within, contiguous to, and directly across the street or road from the proposed rezoning. These must be property owners and not renters of the property; exact information may be obtained from the Marion County Auditors Office (Attach additional pages if necessary)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

Applicant's Signature: _____**Date:** _____

FOR OFFICE USE

9) Fee Paid _____ Date: _____
10) 20-day notice of meeting date sent to property owners. Date_____
11) 15-day notice of meeting published in newspaper. Date _____
12) Copy of Proposed Amendment sent to Regional Planning Commission
Date _____ R.P.C recommendation: _____
_____
13) Zoning Commission Hearing Date _____ *Action: _____
_____
14) Submitted to Township Trustees: Date _____
15) 15-day notice of Trustee's Meeting published in newspaper. Date _____
16) Trustee meeting Date _____ *Action(s)_____
_____

*This amendment shall become effective 30 days after approval is granted by the Trustees unless a petition is submitted for referendum.

Make Checks Payable to: Claridon Township

Return to: Shelly Posey
2272 Caledonia Climax Road
Caledonia OH 43314