

St Albans Township

Alexandria, OH 43001

APPLICATION FOR Rezoning

APPLICATION NUMBER _____

1. Name of Applicant _____

Mailing Address _____

Phone # Home _____

Business _____

Cell _____

Email address _____

2. Existing Use _____ Proposed Use _____

3. Current Zoning _____ Proposed Zoning _____

4. Property Location _____

Required to submit with application

1. A vicinity at a scale approved by the Zoning Inspector showing property lines, thoroughfares, existing and proposed zoning, and such other items as the Zoning Inspector may require.
2. A statement of how the proposed rezoning relates to the Comprehensive Plan.
3. A list of all property owners and their mailing addresses who are within, contiguous to, directly across the street from the parcel(s) proposed to be rezoned.
4. The proposed amendment to the zoning map or text in resolution form.
5. Fee as established according to the St Albans Zoning Resolution, non-refundable.
6. A current legal description of the property proposed for zoning amendment.
7. List of all property owners and their mailing addresses who are within, contiguous to, directly across the street from the parcel(s), for which the application for Rezoning is being filed with the St. Albans Zoning Inspector.

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### For Official Use Only

Date Issued \_\_\_\_\_ Date of Notice to parties of Intrest \_\_\_\_\_ Date of Check \_\_\_\_\_