

# St Albans Township

Alexandria, OH 43001

## APPLICATION FOR Rezoning

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 obtained using a buffer map within 500' from any point on the perimeter of applicant's property line.
- 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.

~~~~~

For Official Use Only

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