



CLARK COUNTY COMMUNITY DEVELOPMENT

3130 E. Main Street, Suite 1A; Springfield, OH 45505
Phone: 937-521-2160 Fax: 937-328-2621 www.clarkcountyohio.gov/community_development

REZONING APPLICATION

For the unincorporated areas of: Bethel, Green, Harmony, Madison, Mad River and Moorefield townships.

8/3/2015

** FOR OFFICE USE ONLY **

Case No. Z - _____ - _____

CPC Meeting Date: ____ / ____ / ____

CEDA Meeting Date: ____ / ____ / ____

RZC Meeting Date: ____ / ____ / ____

Fee Paid

A. APPLICANT INFORMATION

Applicant must be the current owner of record of the property requested for rezoning, a lessee of the property requested for rezoning, or an agent who possesses "Power of Attorney" from the owner or lessee.

NAME _____ Phone Number ____ / ____ / ____

Mailing Address _____

E-Mail Address _____

- The Applicant is Current property owner
 Lessee of the property (Include a copy of the lease for the property)
 Agent (Include a copy of the "Power of Attorney" from the owner or lessee)

B. CONTACT PERSON

This is the person to respond to inquiries and receive all correspondence concerning the rezoning. If the Applicant noted above will serve as the contact person, write "SAME" in the place of the name below.

NAME _____ Phone Number ____ / ____ / ____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

C. CURRENT STATUS OF THE PROPERTY TO BE REZONED

Site Address _____

Permanent Parcel No _____ Acreage _____

Township _____

Current Use(s) _____

Are buildings or structures currently on the property? Yes No

If Yes, describe each _____

D. REZONING REQUEST

Area to be rezoned: _____ acres.

Rezoning includes ____ all, or ____ part, of the Parcel Number listed above.

* If only part of said parcel is to be rezoned, a lot split including a new survey will be required.

Zoning Request FROM _____ Zoning District [the current zoning] TO _____ Zoning District [the proposed zoning]

Frontage of the rezoning parcel: _____ feet.

Depth of the rezoning parcel _____ feet.

Proposed use of the parcel and reason for the rezoning request: _____

E. ITEMS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM

LEGAL DESCRIPTION: As required, submit a surveyor’s written legal description of the area to be rezoned.

SITE MAP: A Site Map identifying the property to be rezoned must be submitted. Note the location of existing structures with distances from lot lines and/or proposed zoning boundaries. Show existing and/or proposed access point(s) to a public road. Also show existing natural features of the site (such as creeks, ponds, drainage features, high and low spots) as well as any known easements.

FILING FEE: A fee of \$200, which is non-refundable, must be paid before a Rezoning Application can be accepted. Make checks payable to “Clark County Community Development”. Said application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

F. PROPOSED DEVELOPMENT It is highly recommended that a preliminary plan and written narrative be submitted with the rezoning application showing what development is being proposed.

G. APPLICANT CERTIFICATION

I/We hereby submit this rezoning application and affirm that the information provided by myself and/or my agent is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this rezoning application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application.

_____ Date ____ / ____ / _____
Signature of Applicant*

* Applicant must be the owner, lessee or agent as noted in Part A.