



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

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

8/3/2015

* FOR OFFICE USE ONLY *

Case No. ZA - _____ - _____
CPC Meeting Date: ____ / ____ / _____
CEDA Meeting Date: ____ / ____ / _____
RZC Meeting Date: ____ / ____ / _____
Fee Paid

APPLICANT INFORMATION

NAME _____ Phone Number ____ / ____ / _____
Mailing Address _____
E-Mail Address _____

CONTACT PERSON

This is the person to respond to inquiries and receive all correspondence concerning the proposed zoning text amendment. If the person 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 _____

ZONING TEXT AMENDMENT REQUEST *

Chapter _____, Section _____
Chapter _____, Section _____

Brief summary of the proposed amendment: _____

* The proposed zoning text amendment, in its entirety, must be submitted with this application.

FILING FEE: A fee of \$200, which is non-refundable, must be paid before a Zoning Text Amendment 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.

APPLICANT CERTIFICATION The undersigned is applying for a Zoning Certificate for the use(s) stated herein and certifies that all information on this Application and Plot Plan, as well as any additional information provided, is correct.

Signature of Applicant Date ____ / ____ / _____