



CLARK COUNTY OHIO

COMMUNITY & ECONOMIC DEVELOPMENT

3130 East Main St., Springfield, OH 45503, Suite 1A | Phone: 937.521.2160 | Email: communitydevelopment@clarkcountyohio.gov

REZONING APPLICATION

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

1/2026

Case No. Z - \_\_\_\_\_ - \_\_\_\_\_

CPC Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RZC Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fee Paid  \$ 415 A or R to O, B or I
\$ 415 Any PD
\$ 210 All Others

BS&A # \_\_\_\_\_

A. PROPERTY OWNER INFORMATION

Property Owner must be the current owner of record of the property requested for rezoning.

Name \_\_\_\_\_ Phone Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

B. CONTACT PERSON

This is the person to respond to inquiries and receive all correspondence concerning the rezoning. If the Property Owner 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 \_\_\_\_\_

\_\_\_ 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)

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**

**FILING FEE:** A fee (see below), which is non-refundable, must be paid before a Rezoning Application can be accepted. Make checks payable to "Clark County Community and Economic 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.

**Fees Due: From A or R to O, B, I \$ 415 Any PD \$ 415 All Others \$ 210**

**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.

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

**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. PROPERTY OWNER/AGENT CERTIFICATION**

I / We, \_\_\_\_\_

being duly sworn certify and say that the foregoing statements in this application and information included in the attachments and exhibits, are true and correct to the best of my/our knowledge and belief. And I/We certify that no legal action has been entered into or is pending that would be affected by any change resulting from approval of this request. If the Applicant is not the Property Owner, I/We certify and say that the Property Owner is aware of this Application and concurs with its submission.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_