

CITY OF WAUSEON
230 CLINTON STREET
WAUSEON, OHIO 43567
419-335-5041 PHONE
419-335-3866 FAX

APPLICATION FOR ZONING AMENDMENT

The undersigned owner(s) of the following described property hereby request the consideration of change in zoning district classification as specified below:

NAME OF APPLICANT _____

MAILING ADDRESS _____

PHONE NUMBERS (HOME) _____ (BUSINESS) _____

PROPERTY DESCRIPTION & SUBDIVISION _____

SECTION _____ RANGE _____ LOT NUMBER _____ TOWNSHIP _____

EXISTING USE _____ ZONING DISTRICT _____

PROPOSED USE _____ ZONING DISTRICT _____

SUPPORTING INFORMATION: Please enclose the following information:

- 1) Legal description of property.
- 2) A vicinity map at a scale approved by the Administrator showing property lines, streets, existing and proposed zoning and such other items as the Administrator may require.
- 3) A list of all property owners, within contiguous to and directly across the street from the parcel(s) proposed to be rezoned and others that may have a substantial interest in the case.
- 4) A written statement on how the proposed amendment relates to the Comprehensive Plan.
- 5) A written statement of the proposed use and reason for request.

Applicant Signature

Date

OFFICE USE ONLY

APPLICATION # _____

FEES **\$225.00**

DATE PAID _____

RECEIPT # _____

Dates of Action

_____ Filed
_____ Planning Commission Meeting
_____ Recommendations

_____ Public Hearing
_____ Notice in Paper
_____ Notice to Property Owners

Recommendation:

Council Action:

Planning Commission Chairman Date

Clerk of Council Date