



APPLICATION FOR ZONING AMENDMENT

BLANCHESTER, OHIO

1. NAME OF APPLICANT _____
MAILING ADDRESS _____
PHONE NUMBER: HOME _____ BUSINESS _____
2. LOCATION DESCRIPTION: _____ SUBDIVISION NAME _____
SECTION _____ TOWNSHIP _____
RANGE _____ BLOCK _____ LOT NO. _____
3. EXISTING USE _____
4. PRESENT ZONING DISTRICT _____
5. PROPOSED USE _____
6. PROPOSED ZONING DISTRICT _____
7. SUPPORTING INFORMATION: ATTACH THE FOLLOWING ITEMS TO THE APPLICATION:
 - A. A VICINITY MAP SHOWING PROPERTY LINES, STREETS, AND EXISTING AND PROPOSED ZONING.
 - B. A LIST OF ALL PROPERTY OWNERS AND THEIR MAILING ADDRESSES WITHIN, CONTIGUOUS TO, AND DIRECTLY ACROSS THE STREET FROM THE PROPOSED REZONING.
 - C. A COMPLETE DESCRIPTION OF THE PROPOSED ZONING AND HOW THE PROPOSED REZONING RELATES TO THE BLANCHESTER LAND USE PLAN AND DEVELOPMENT POLICIES.

DATE: _____

APPLICANT: _____

FOR OFFICIAL USE ONLY

DATE ZONING AMENDMENT REQUEST FILED: _____

FEE PAID: \$ _____

DATE REFERRED TO PLANNING COMMISSION: _____

PLANNING COMMISSION ACTION:

DATE OF NOTICE IN NEWSPAPER _____

DATE OF PUBLIC HEARING _____

DATE OF NOTICE TO ADJACENT PROPERTY OWNERS: _____

DECISION OF BOARD OF ZONING APPEALS: APPROVED _____

DENIED _____

IF APPROVED, THE FOLLOWING CONDITIONS AND SAFEGUARDS WERE RECOMMENDED:

1. _____

2. _____

3. _____

IF DENIED, REASON FOR DENIAL _____

DATE _____

PLANNING COMMISSION CHAIRPERSON

VILLAGE COUNCIL ACTION:

DATE OF NOTICE IN NEWSPAPER: _____

DATE OF PUBLIC HEARING: _____

DATE OF NOTICE TO ADJACENT PROPERTY OWNERS: _____

DECISION OF BOARD OF ZONING APPEALS: APPROVED _____

DENIED _____

IF APPROVED, THE FOLLOWING CONDITIONS AND SAFEGUARDS WERE RECOMMENDED:

1. _____

2. _____

3. _____

IF DENIED, REASON FOR DENIAL _____

DATE _____

VILLAGE COUNCIL CHAIRPERSON

NOTES: ONE (1) COPY TO BE FILED WITH ZONING AND TWO (2) WITH VILLAGE CLERK.