

APPLICATION FOR TOWNSHIP ZONING AMENDMENT
MONROE TOWNSHIP ZONING COMMISSION

NUMBER _____

FILING DATE _____

NOTE: This request must be typewritten and filed with the Township Zoning Inspector.

Applicant: _____

Address: _____

Owner of premises affected: _____

Address: _____

Lessee of premises affected: _____

Address: _____

Phone Number: _____

TO THE TOWNSHIP ZONING COMMISSION AND BOARD OF TOWNSHIP TRUSTEES:

I hereby make application and request the Township Zoning Commission to consider and petition Township Trustees to amend the Zoning Resolution as herein after requested,

Dated: _____, 20____.

Premises affected are situated on the _____ side of _____ (St./Road)

And known as parcel number _____, _____ (St./Road)

The parcel or parcels have a frontage of _____ feed and a depth of _____ feet. The premises is presently in the _____ district.

It is requested that the premises be rezoned to _____ district.

The following are all the individuals, firms, or corporations owning property adjacent to both side and rear, and the property in front of (across the street from) the premises which are the subject of this request. (Check from the tax record, in the Clermont County Courthouse if not known). Use additional sheet(s) if required:

NAME	ADDRESS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

The reason(s) for requesting reclassification is as follows: (Use additional pages of necessary)

Please attach a plat map showing the property involved in the proposed change from _____ district to _____ district and locate by name on the map the respective lots/parcels of those before mentioned properties affected by this request. The map should also contain the dimensions of properties shown and a North arrow, and the category of existing development of those before mentioned lots/parcels, and the district boundary line.

Applicants Signature