## APPLICATION FOR ZONING AMENDMENT

## Mad River Township Champaign County, Ohio

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

1.	Name of Applicant (s)
	Mailing Address
	Telephone
2.	Locational Description: Section Range Township Survey Number Lot #
	(If not located in a platted subdivision or community attach a legal description and a map showing area requested for rezoning)
3.	Existing use
4.	Proposed use
5.	Present zoning district
6.	Proposed zoning district
7.	Supporting information: Attach the following items to the application.
	(a) A vicinity map showing property lines, streets (roads) and existing and proposed zoning.
street rezor	(b) A list of all property owners within, contiguous to and directly across the t (road) from the proposed rezoning area is ten or fewer parcels are proposed for ning.
Date	
Δnnl	icant's Signature

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## For Official Use Only Zoning Commission

Date Filed
Date of Public hearing
Date of notice in newspaper
Date of notice to adjacent property owners
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Recommendation of Zoning Commission: Approval Denial
If denied, state reason:
Date
Zoning Commission Chairman
Zonnig Commission Chamman
Zoning Commission
Zoning Commission
Township Trustees
Date of recommendation received from Zoning Commission
Date of Public Hearing
Date of notice in newspaper
Action by township trustees: Approval Denial
If denied, state reason:
Date
Fiscal Officer,
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Township Trustees
Township Trustees