



**THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING**
7700 Perry Street
Mt. Healthy, Ohio 45231
513.728.3182
www.mthealthy.org

APPLICATION FOR ZONING AMENDMENT

Application Number:	Date:
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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:

Project
Address: _____

a. Locational Description: Legal Department _____

Section _____ Township _____ Range _____

Block _____ Lot No. _____

Property Owner: _____

Applicant: _____

Applicant Address: _____

Applicant Contact Information: PH _____ FAX _____ EMAIL _____

EXISTING USE: _____ CURRENT ZONING DISTRICT _____

PROPOSED USE: _____ PROPOSED ZONING DISTRICT _____

PLEASE PROVIDE THE FOLLOWING SUPPORTING INFORMATION WITH APPLICATION, PER SECTION 1183.04 OF THE CITY OF Mt HEALTHY ZONING REGULATIONS:

1. A vicinity map showing property lines, streets, and existing and proposed zoning.
2. A list of all property owners within, contiguous to, and directly across the street from the proposed rezoning.
3. A statement of how the proposed rezoning relates it to the Comprehensive Plan.

Applicant's Signature:

Name _____ Date _____

Application Fee _____ \$450.00 (res.)/\$600.00 (comm) _____ [] PAID [] CASH [] CHECK # _____



ZONING AMENDMENT APPLICATION

Date Filed: _____

Date of Public Hearing: _____

Date of Notice to Newspaper: _____

Date of Notice to Parties in Interest: _____

Decision Of Planning Commission: Approved Denied Date: _____

Special Notes/Provisions: _____

Reason for Denial: _____

Planning Commission, Chairperson

