

FORM RZC-1 (application) FILED:_____

CASE NO.:_____

**DELAWARE COUNTY ZONING COMMISSION
50 CHANNING STREET
DELAWARE, OHIO 43015
740-833-2220
FAX 740-833-2199**

APPLICATION FOR A ZONING AMENDMENT (To be filed by the Applicant)

Name of applicant_____

Mailing address_____

Phone with area code: Home_____ **Business**_____

FAX number_____

Location description: (if not located in a platted subdivision, attach legal description of property to this form)

Property address if different than above:_____

Subdivision Name_____

Section_____ Township_____ Range_____

Block_____ Lot No._____

Existing use_____

Present zoning district classification_____

Proposed use_____

Proposed zoning district classification_____

Required supportive information: Attach the following items to the application:

- a. A vicinity map showing property lines, streets, buildings and existing and proposed zoning, and the relationship of the subject property to the surrounding area.
- b. A list of all property owners and their current mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
- c. A statement indicating how the proposed rezoning relates to the *Delaware County Master Plan* recommended land use for the area proposed for rezoning.
- d. The proposed amendment to the zoning map or text in resolution form, approved as to from by the County Prosecuting Attorney.
- e. Fee paid as established in accordance with Section 31.01.
- f. Other information to support the proposed amendment as may be pertinent.

No previous application for district change of the above premises has been made during the 12-month period preceding this request. The above statements and the statements contained in all of the exhibits transmitted herewith are true.

Applicant Signature_____ **Date**_____