

JEFFERSON TOWNSHIP ZONING COMMISSION

6545 Havens Road, Blacklick, Ohio 43004

TEL: (614) 855-4265

FAX: (614) 855-1759

www.jeffersontownship.org

Email: cmccroskey@jeffersontownship.org

APPLICATION FOR ZONING CHANGE

Case Number: _____ Date: _____

Applicant: _____ Property Owner: _____

Street Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone Number: () _____ Phone Number: () _____

E-Mail Address: _____ E-Mail Address: _____

In accordance with the provisions of Article IX, Section 920 of the Jefferson Township Zoning Resolution, I hereby apply to the Zoning Commission and the Township Trustees for a rezoning from the _____ Zoning District to the _____ Zoning District for property located at:

Street Address: _____ Parcel #: _____

Acreage to be rezoned: _____

--- Please type or print information ---
--- Please answer the following questions thoroughly and completely ---
--- If additional space is needed, attach extra sheets ---

1. The proposed use of the property is:

2. The property is currently being used for:

6. Attachments and additional information required:

- A. Complete and sign application
- B. Eight (8) copies of the legal description of the property. Current property survey to include acreage, and all bearings and distances, referencing an establishing beginning point.
- C. One (1) list of property owners within one thousand (1,000) feet of subject property, the address of the property and the mailing address of the property owners. This list must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20th floor.
- D. One (1) set of mailing labels for property owners within one thousand (1,000) feet of subject property.
- E. One (1) E-size map showing properties within one thousand (1,000) feet of subject property. This map must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20th floor.
- F. A recent photograph of the property to be rezoned must accompany the application.
- G. All information that pertains to sanitary services and water supply must be provided. This includes the location of any on-lot septic system(s) and/or well(s). If services are to be provided by a private or public entity, a letter must be provided verifying that the services exists *and* that the applicant will have access to such services. If an on-lot septic system and/or well are proposed, information from the Franklin County Board of Health (or the appropriate agency) must be provided.
- H. Any other information that may be deemed reasonably necessary by the Jefferson Township Zoning Department.
- I. Application filing fee payable to Jefferson Township. (*Fee \$500 + \$25 per acre/Residential; \$1,000 + \$50 per acre/Planned District, Commercial or Industrial*)

If request is to rezone to a Planned District, please refer to the Jefferson Township Zoning Resolution for additional development plan submission requirements. Eight (8) copies of all required information must be submitted with this application.

7. Statement of Understanding:

I, _____ (applicant / owner / agent) understand that this application must be filed with all pertinent information, as required by the Jefferson Township Zoning Resolution and any other information by Jefferson Township Zoning Department. I understand that my application will not be filed until all information has been received and that the Jefferson Township Zoning Department reserves the right to delay any request until such information has been received. I have been informed of my right to meet with staff prior to the submission of my application and have either met with staff, through a scheduled appointment, or have waived my right to do so.

Applicant / Agent Signature:

Date:

8. Certification:

Before completing this application and executing the following certification, it is recommended that the application be discussed with the Staff of the Jefferson Township Zoning Department.

APPLICANT'S CERTIFICATION

I / WE _____ certify that I am / We are the owner(s) of land included in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly to the best of my / our ability present the arguments in behalf of the application herewith submitted and that the statements and attached exhibits above referred to are in all respects true and correct to the best of my / our knowledge and belief.

Signature of Property Owner: _____ **Please Print:** _____

Mailing Address: _____

City, State, and Zip: _____

Phone Number: () _____ Cell #: () _____

E-Mail Address: _____

Signature of Applicant: _____ **Please Print:** _____

(If different than property owner)

Mailing Address: _____

City, State, and Zip: _____

Phone Number: () _____ Cell #: () _____

E-Mail Address: _____