

APPLICATION FOR ZONING TEXT AMENDMENT

(Subject to O.R.C. Section 519.12)

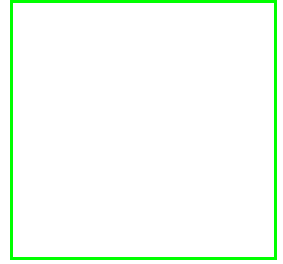
Application # _____-ZC-_____

Date Filed: _____

Fee Paid: \$ _____

Parcel No. _____

Liberty Township Zoning Commission
2095 Reynoldsburg Baltimore Rd. NW
Baltimore, OH 43105
(740) 862-6691



Applicant _____

Property Owner _____
(if different from Applicant)

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone No(s). _____

Phone No(s). _____

E-Mail Address: _____

E-Mail Address: _____

The applicant does hereby apply to the Liberty Township Zoning Commission for a
 text amendment and / or **rezoning** to the Liberty Township Zoning Resolution of the following described.

- | 1. | Proposed | Amendment | Modifies | Article | or | Section | Numbers |
|-------|----------|-----------|----------|---------|-------|---------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | Proposed | Amendment | Deletes | Article | or | Section | Numbers |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | Proposed | Amendment | Adds | Article | or | Section | Numbers |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

4. Describe the purpose of the proposed amendment _____

5. Write below or attach full text of the proposed amendment, including Section Numbers to application. Attachment.

6. Describe the specific benefits and other effects the proposed amendment would have on the property owned by applicant and property owner. Write below or attach separate sheet of paper.

7. **REZONING APPLICATIONS ONLY:** Applicant also is requesting the re-zoning of owner's property from the existing _____ district to the _____ district located at:

Street Address _____ City _____ State _____ Zip _____

*NOTE: If rezoning to Planned Unit Development District, provide (7) copies of a Development Plan . See 9.1010

ATTACH FULL LEGAL DESCRIPTION & SITE PLAN

Located on the _____ side _____
(N, E, S, W) (street name)

Nearest intersection to subject property: _____

The proposed use of the property:

_____The property is currently being used for

_____ and contains structures and improvements as shown on the attached site plan.

Has an application for rezoning of the property been denied within the last two (2) years: Yes _____ No _____

If yes, when: _____

ATTACH AS PART OF THE APPLICATION A MAP ACCURATELY DRAWN TO AN APPROPRIATE SCALE (TO FILL A SHEET OF NOT LESS THAN 8-1/2 X 11 AND NOT MORE THAN 16 X 20 INCHES). THE MAP MUST SHOW THE SUBJECT PROPERTY AND ALL LAND WITHIN 500 FEET OF THE EXTERIOR BOUNDARIES OF THE SUBJECT PROPERTY WITH THE PROPERTY OWNERS FOR EACH PARCEL BEING IDENTIFIED THEREON. ANY SUBSTANTIAL OMISSION OR MISREPRESENTATION WHETHER INTENDED OR NOT WILL BE CAUSE FOR DISMISSING THE APPLICATION.

Contents of Application for Text Amendment and Rezoning. The application for amendment shall contain at a minimum the following information: (Note: Additional Information is required for a Planned Unit Development)

- A. Name, address, and phone number of the applicant.
- B. Proposed amendment to the text or legal description of the property affected prepared by a Professional Surveyor in the State of Ohio.
- C. Present use and district.
- D. Proposed use and district.
- E. A vicinity map at a scale approved by the Zoning Inspector showing property lines, streets, existing and proposed zoning, and such other items as the Zoning Inspector may require.
- F. A list of all property owners within, contiguous to, and directly across the street from the parcel(s) proposed to be rezoned and their address as appearing on the County Auditor's current tax list. The requirement for addresses may be waived by the Zoning Inspector when more than ten (10) parcels are proposed to be rezoned.
- G. A statement on how the proposed amendment relates to the Fairfield County Comprehensive Plan, when and if adopted, and to the neighborhood properties.
- H. A fee as established by the Board of Township Trustees.

9.1010 Preliminary Development Plan Application Requirements

An application for preliminary planned unit development approval shall be filed with the zoning inspector by at least one owner of the property for which the planned unit development is proposed. At a minimum, the application shall contain the following information filed in triplicate:

- A. Name, address, and phone number of applicant.
- B. Name, address, and phone number of registered surveyor, registered engineer and/or urban planner assisting in the preparation of the preliminary development plan.
- C. Legal description of property.
- D. Present use(s).
- E. Present and proposed zoning district.
- F. A vicinity map showing the property lines, streets, existing and the proposed zoning.
- G. A preliminary development plan drawn to scale showing topography at ten foot intervals; location and type of residential, commercial, and industrial land uses; layout, dimensions, and names of existing and proposed streets; right-of-ways, utility easements, parks and community spaces; layout and dimensions of lots and building setback lines; preliminary improvement drawings showing water, sewer, drainage, electricity, telephone, and natural gas;
- H. Proposed schedule for the development of the site.
- I. Evidence that the applicant has sufficient control over the land in question to initiate the proposed development plan within two years.
- J. A fee as established.
- K. A list containing the names and mailing addresses of all owners of property within five hundred feet of the property in question.
- L. Verification by at least one owner of property that all information in the application is true and correct to the best of his knowledge.

The application for preliminary planned unit development shall be accompanied by a written statement by the developer setting forth the reasons why, in his opinion, the planned unit development would be in the public interest and would be consistent with the stated intent of these planned unit developments requirements.

The following is a list of the names and mailing addresses (include zip codes) of all the owners of record of property at the exterior boundaries of the subject property (includes property owners contiguous, adjacent, abutting, and across the street). **Attach separate sheet if necessary.**

Property owner's name(s)	Tax Parcel #	Mailing address of Property Owner	Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Signature of Owner if not the Applicant



**LIBERTY TOWNSHIP
APPLICATION FOR ZONING CHANGE**

For Official Use Only
Zoning Commission

Fee Paid _____ \$ _____ Application # _____ -ZC-

Date _____ Amount _____

Date Filed _____

Date Sent to Zoning Department _____

Date Sent to Fairfield County Regional Planning Commission _____

Re-Zoning Schedule

Anticipated Date	EVENT	ACTUAL DATE	Comments
	FCRPC Staff Review		
	Technical Review Meeting		
	Planning Commission Hearing		
	Recommendations to Township		
	Township Zoning Commission		
	Recommendations to Board		
	Township Trustees Hearing		

Action of Zoning Commission: Approval _____ Denial _____ Modification _____
Reason for Action _____

For Official Use Only _____

Township Trustees

Date Recommendation Received from Zoning Commission _____

Date of Notice in Newspaper _____ Date of Public Hearing _____ Action by _____

Township Trustees: Approval _____ Denial _____ Modification _____
Reason for Action _____

Township Trustees (Date)