



**2 East Sandusky Street
Fredericktown, Ohio 43019
740-694-9010 | Fax 740-694-9032
fredericktownohio.net**

APPLICATION FOR ZONING AMENDMENT

Application No. _____

Date _____

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 _____ Phone Number _____

2. Mailing Address _____

3. Existing Use _____

Proposed Use _____

4. Present Zoning District _____ Proposed Zoning District _____

5. Comments _____

6. Supporting Information: Attach the following items to the application:

- a. A vicinity map showing property lines, streets, and existing and proposed zoning.
- b. A list of all property owners and their mailing addresses within 300' of, contiguous to, and directly across the street from the proposed zoning.
- c. Fee: Each application for a zoning amendment shall be accompanied by a check payable to the Village of Fredericktown, Ohio, to cover the costs of publishing and/or mailing notice of hearing, in the amount of thirty (\$30) dollars.

\$30.00 Fee Paid _____

Applicant

For Official Use Only (Planning Commission)

Date Filed _____ Date of Notice in Newspaper _____

Date of Notice to Adjacent Property Owners _____ Date of Public Hearing _____

Reason for Recommendation _____

Date _____ Planning (Zoning) Commission _____ Chairman _____

For Official Use Only (Fredericktown Village Council)

Date of Recommendation Received _____ Date of Notice in Newspaper _____

Date of Public Hearing _____ Action by Village Council Approval _____ Denial _____

If denied, reason for denial _____

Date _____ Clerk _____

Note: Two copies of this form and supporting information must be filed with the Fredericktown Village Planning (Zoning) Commission.