

Fee Paid by Cash / Check # _____, \$ _____

Application # _____ -ZC-20

ZONING COMMISSION APPLICATION

REQUEST FOR HEARING BEFORE ZONING COMMISSION

3756 Hoover Road Grove City, OH 43123 614-875-2742

Property Owner: _____ Applicant: _____

Address: _____ Zoned: _____

Property Location: _____

PID: 160-_____ Area/Acres: _____ Floodplain: _____

(Home): _____ (Work) : _____ (Cell): _____

Email Address: _____

Summary of Zoning Commission: *It is the responsibility of the Zoning Commission to review and recommend a change in how land is zoned as well as the specific regulations and requirements of the Township Zoning Resolution. It is the responsibility of applicants appearing before the Zoning Commission to have all required site plans, drawings, descriptions and all facts ready for public review and discussion. The schedule of required hearings may be extended by actions of continuance at any step in the procedures.*

To the Township Zoning Commission, the applicant requests the following:

Re-Zoning / PUD

Map/Text Amendment

Exceptional Use

A change in zoning from the existing _____ District to the proposed _____ District

A change in use from the existing SIC _____ to the proposed SIC _____

General Description of the Request

1. Describe in specific detail the proposed request noting special and unique conditions of the proposed use. Attach development text as required.

SUBMITTAL CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> Legal Description/ Deed | <input type="checkbox"/> Photos Documenting Requested Use |
| <input type="checkbox"/> Plot Plan / Site Plan | <input type="checkbox"/> Date Filed _____ |
| <input type="checkbox"/> Detailed Building Plan | <input type="checkbox"/> FCDD Date _____ |
| <input type="checkbox"/> Tax Parcel Listing of All Property
Owners within 500' | <input type="checkbox"/> Legal Ad _____ |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Notices Sent _____ |
| | <input type="checkbox"/> Tech Review Date _____ |
| | <input type="checkbox"/> Plan.Comm. Hrg _____ |
| | <input type="checkbox"/> Twp. ZC Hrg _____ |

APPLICANT'S AFFIDAVIT

STATE OF OHIO
COUNTY OF FRANKLIN

I/We _____
(Name)

_____ Home: _____
(Address) (City, State, Zip Code) (Phone)

Cell: _____ Business: _____
(Phone) (Phone)

" the above named Owner / Applicant being duly sworn, depose and say that I/We are the owner(s) of the land included in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly and to the best of my ability. By filing this application, I/We do hereby grant permission to Jackson Township and its employees to enter upon my property and to observe, photograph and document all conditions observed therein and to post all application materials upon the Township's website for public information purposes."

(Owner Signature)

(Co-Owner Signature)

Subscribed and sworn before me this _____ day of _____
(Day) (Month) (Year)

(Notary Signature)

Stamp or Seal

ACTION BY TOWNSHIP

Application Received & Accepted by: _____ Date: _____

Hearing Date: _____ 7:00pm at the Jackson Township Hall, Grove City, Ohio