

COUNTY OF HAMILTON
PLANNING & ZONING ADMINISTRATOR

APPLICATION TO REZONE

1. Name of Applicant: _____ Date _____

2. Address & Telephone #: _____

3. Owners Name & Address: _____

4. Jurisdiction: _____ Hamilton County
Village of _____

5. Address & Legal Description of Property: _____

6. On the reverse side _____ of this application list all owners and their addresses which own property in, and adjacent to this property within 300 feet of the exterior boundaries of the property involved.

7. Zoning Classification: Present: _____ Desired: _____

8. Present Use of Property: _____

9. Desired Use of Property if Rezoned: _____

10. Attach an additional sheet containing scaled and dimensioned diagram showing the property referred to in the application, also show the use of the land adjoining this property.

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

Applicant

A fee of \$50.00 must accompany this application.

BOARD ACTION

Planning Commission:

Date legal notice was published: _____ Date of Hearing: _____

Board's Decision: _____ Request Approved _____ Request Denied
_____ Request Approved Conditionally

Reasons governing decision: _____

Recommendation: _____

Chairman

Village of _____

Date legal notice was published: _____ Date of Hearing: _____

Board's Decision: _____ Request Approved _____ Request Denied
_____ Request Approved Conditionally

Reasons governing the decision: _____

Chairman

Village Clerk