



APPLICATION FOR AMENDMENT OF ZONING MAP
TO
**PLANNED ELDERLY OR RETIREMENT
RESIDENTIAL COMMUNITY DISTRICT (PERRC)**

2845 Home Rd., Powell, OH 43065
Zoning Office 740-938-2010 Fax 740-938-2001
www.libertytwp.org

FILE #LTZ-_____ DATE:_____

FEES:_____ RECEIPT # _____

OPTION A OPTION B
(Please check one)

PROPERTY PROPOSED TO BE REZONED	ADDRESS: _____
	PARCEL ID #s: _____
	TOTAL ACREAGE: _____ ACREAGE TO BE REZONED: _____
	CURRENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT: _____
	CURRENT USE: _____ PROPOSED USE: _____
	RANGE: <u>19</u> TOWNSHIP: _____ SECTION: _____ FARM LOT(S)#: _____

CURRENT PROPERTY OWNER(S)	NAME: _____
	ADDRESS: _____
	CITY/STATE/ZIP: _____
	TELEPHONE: _____
	EMAIL ADDRESS: _____

SIGNATURES	The undersigned certifies that this application (both sides) and the attachments thereto contain all information required by the Liberty Township Zoning Resolution, that all information contained herein is true and accurate and is submitted to induce the requested zoning change, and agrees to be bound by the provisions of the Zoning Resolution of Liberty Township, Delaware County, OH. The undersigned also gives Liberty Township permission to place signage on subject property to announce hearings.	
	PROPERTY OWNER(S): _____	DATE: _____
	PROPERTY OWNER(S): _____	DATE: _____
	DEVELOPER: _____	DATE: _____

RECEIVED BY: _____ DATE: _____

The Liberty Township Zoning Resolution and Comprehensive Plan are available for review at the Zoning Office or you may download them from the Township's website: www.libertytwp.org

Note: The initial application fee covers two (2) Zoning Commission hearings. If additional hearings are requested by the applicant, additional fees will be charged in accordance with the adopted fee schedule, and are payable before the next hearing will be scheduled.

PLEASE COMPLETE BOTH SIDES

**SUBMITTAL
REQUIREMENTS**

Fees AND one(1) completed **original application** form AND the following arranged into eight (8) packets:

- 1) Legal description of subject property in both text and map form
- 2) List of all owners of property within, contiguous to, directly across the street from, and within two hundred feet (200') of the perimeter boundaries of such area proposed to be rezoned, and their current mailing addresses.
- 3) **ALL** required documents as set forth in **Article 12** of the Liberty Township Zoning Resolution as well as the applicable sections in **Article 7**.
- 4) All drawings/plans must be measureable to the scale as listed on the document.
- 5) Any other supporting documentation in regard to this application.

**COMPLIANCE WITH ZONING
RESOLUTION AND
COMPREHENSIVE PLAN**

How do you believe your application meets both the Liberty Township Zoning Resolution (code) and the Comprehensive Plan?

**DEVELOPER
INFORMATION**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

**CONTACT
INFORMATION**

The Liberty Township Zoning Secretary will contact you or your designated representative in order to schedule your hearing. Please provide the following information:

Contact Person: _____

Email Address: _____

Telephone: _____

Mailing Address: _____

Please make sure all requested information is provided. **Incomplete applications will not be accepted.**