

**APPLICATION FOR
ADMINISTRATIVE REVIEW**

File #: AR-_____ Date: _____

(Incomplete applications will not be accepted.)

SUBMITTAL REQUIREMENTS:

Fees AND one (1) completed original application form AND the following arranged into into twelve (12) packets:

- 1) Legal description of subject property in both text and map form.
- 2) List of owners of all properties within 200' of the boundaries of the subject property and those owners' complete, current mailing addresses.
- 3) Complete Development Plan in both text and map form. All drawings / plans must be to-scale and must be folded to fit into legal-size folders.
- 4) All information required in order to show compliance with the Liberty Township Zoning Resolution.
- 5) Any other supporting documentation in regard to this application.

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION EXCEPT REQUIRED SIGNATURES - BE SURE TO COMPLETE BOTH SIDES

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: _____

To avoid delay in scheduling of your application, be sure that all requested information is provided and all accompanying paperwork is complete,

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, Ohio.

SIGNATURES : (owner signatures are required, developer signatures are optional)

| | |
|------------------|-------------|
| Owner: _____ | Date: _____ |
| Owner: _____ | Date: _____ |
| Developer: _____ | Date: _____ |

RECEIVED BY:
Zoning Inspector: _____

Date: _____