



**APPLICATION FOR AMENDMENT OF ZONING MAP
TO
PLANNED COMMERCIAL DISTRICT (PC)**

10104 Brewster Lane, Suite 125, Powell, Ohio 43065
Zoning Office 740-938-2010, Fax 740-938-2001
www.libertytp.org

File #: LTZ- **Date:** _____

***Fee:** _____ **Receipt #:** _____
(*see adopted fee schedule)

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

CURRENT PROPERTY OWNER(S):
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email Address: _____

DEVELOPER:
Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email Address: _____

PROPERTY PROPOSED TO BE REZONED:

Address: _____	Subdivision: _____
_____	_____
Range: <u>19</u>	Lot Number(s): _____
Township: _____	Parcel I.D. #s: _____
Section: _____	_____
Farm Lot#: _____	Total Acreage: _____
_____	Acreage to be Rezoned: _____
Current Zoning District: _____	Proposed Zoning District: _____
Current Use: _____	Proposed Use: _____

How do you believe your application meets both, the Liberty Township Zoning Resolution (Code) and the Comprehensive Plan? (You may attach additional sheets if needed.)

The Liberty Township Zoning Resolution and Comprehensive Plan are available for review or purchase at the Zoning Office or you may download them from the Township's web site at www.libertytp.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 can be scheduled.**

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SUBMITTAL REQUIREMENTS: *(Incomplete applications will not be accepted.)*
Fees AND one (1) completed original application form AND the following arranged into into twelve (12) packets (preferred: submit each in a 3-ring binder):

- 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) Survey or plan of the subject property showing locations, dimensions and uses of all existing structures; land uses; and all property lines & dimensions. 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.

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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: *(property owner signatures are required, developer signatures are optional)*

Owner: _____ Date: _____
Owner: _____ Date: _____
Developer: _____ Date: _____

RECEIVED BY:
Zoning Inspector: _____

Date: _____