

FEE: *please see current fee schedule*

Note: The initial application fee covers two 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 is scheduled. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

SUBMITTAL REQUIREMENTS: *please see the back of this page*

FILE # LTZ _____

Fee paid: _____

Name of Owner(s) or Lessee(s): _____

Name of Developer: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone: _____

Telephone: _____

Email Address: _____

Email Address: _____

Address of property proposed to be rezoned: _____

Range: 19 Twp.: _____ Section: _____ Farm Lot# _____

Total acreage: _____ Acreage proposed to be rezoned: _____

Present Zoning District: _____

Requested Zoning District: _____

Present Use of The Property: _____

Proposed Use of The Property: _____

Explain how you believe the proposed rezoning and land use is in conformity with the Liberty Township Comprehensive Plan: _____

The undersigned certifies that this application 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 change, and agrees to be bound by the provisions of the Zoning Resolution of Liberty Township, Delaware County, Ohio.

SUBMITTED BY:

OWNER or LESSEE (must sign) _____ DATE _____

OWNER or LESSEE _____ DATE _____

DEVELOPER _____ DATE _____

RECEIVED BY: _____
ZONING INSPECTOR DATE

SUBMITTAL REQUIREMENTS

The following must be submitted with the required fees:

- * One (1) completed ORIGINAL application form signed by the property owner(s) or lessee(s); AND
- * Arrange the following into fifteen (15) individual packets, binders, file folders or similar:
 - Legal description of subject property (map and metes & bounds description); AND
 - Current list of owners of properties (and their complete, current mailing addresses) within 200 feet of the exterior boundaries of the land for which this application is being made; AND
 - All documents, plans and drawings to show compliance with applicable sections of the Liberty Township Zoning Resolution including but not limited to Planned Residence District. (note: if not placed in a binder, then all plans must be folded so they will fit into a legal-sized folder)
 - Any other supporting documentation in regard to this application.

Please provide the following contact information so we can schedule your hearing:

NAME: _____
COMPANY: _____
ADDRESS: _____

OFFICE PHONE: _____
CELL PHONE: _____
EMAIL: _____

The Liberty Township Zoning Resolution and the Liberty Township Comprehensive Plan are available on our web site at www.libertytp.org . Select the Zoning Department, then you may download these documents. These documents are also available for review or for purchase during our business hours of 8:00 a.m. - 5:00 p.m. at:
Liberty Township Zoning Office
7761 Liberty Road
Powell, Ohio 43065

You may contact us: by mail at the above address
 by phone at 740-881-4381
 by fax at 740-881-5431 (attention: zoning dept.)
 by email at zoning@libertytp.org

Be sure to print and submit both pages of this application if you are downloading it from our web site.

file #LTZ _____/date _____