

Date Filed: _____

File Number: _____

Fee Paid: _____

Name of Owner: _____

Home Phone: _____ **Work Phone:** _____

Address: _____

Name of Lessee: _____

Home Phone: _____ **Work Phone:** _____

Address: _____

Address of Property: _____

Range: _____ **Twp:** _____ **Section:** _____ **Farm Lot #:** _____

Total Acreage: _____ **Acreage to be Rezoned:** _____ **Present Zoning District:** _____

Present Use: _____ **Requested Zoning District:** _____

Proposed Use: _____

Do you believe the proposed use is in conformity with the Comprehensive Plan? Why?

The undersigned certifies that this application and the attachments thereto contain all information required by the Zoning Resolution and that all information contained herein is true and accurate and is submitted to induce the amendment of the Zoning Map or Zoning Resolution. Applicant agrees to be bound by the provisions of the Zoning Resolution of Liberty Township, Delaware County, Ohio.

Owner/Lessee: _____ **Date:** _____

Received and Accepted by: _____ **Date:** _____

Zoning Inspector

FEE: See [Current Fee Schedule](#)

Note: The initial application fee covers two meetings only. If the applicant requests tabling, a reschedule fee of \$500 will be charged. This must be paid before the case is rescheduled.

SUBMITTAL REQUIREMENTS – The following must be submitted with the correct application fee:

One (1) completed application form, signed by property owner or lessee; AND arrange the following into fifteen (15) packets:

Copy of legal description AND

One (1) list of all adjacent property owners with addresses within 200 feet of the subject property AND

Copy of the development plan AND

Any other supporting documentation in regard to the proposed zoning change.

You will need to work within the Zoning Regulations and Comprehensive Plan for Liberty Township and the Southern Delaware County Thoroughfare Plan. The books are available for review or purchase in the Zoning Office.

For further information or questions, please call the Zoning Office at (740) 881-4381.

In addition to any other provisions of this resolution, all applications for amendments to the zoning map to rezone lands to this district shall follow the procedure hereinafter set forth.

See [Zoning Resolution](#)

TO AVOID DELAY IN SCHEDULING OF YOUR APPLICATION FOR A HEARING DATE, BE SURE ALL REQUESTED INFORMATION IS PROVIDED AND ALL PAPERWORK IS COMPLETE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

I have read the development plan requirements and to the best of my knowledge I have complied with them prior to submitting my application.

Applicant/Lessee

Date