

APPLICATION FOR ZONING AMENDMENT

For Rezoning of Property

TO: VILLAGE OF ARCANUM ZONING BOARD

Date: _____

Name of Property owner: _____

Mailing address: _____

If represented by attorney or agent:

Name of attorney or agent: _____

Address of agent: _____

Phone: _____ Company or Agency _____

1. Location or address of property to be reclassified: _____

2. Application is hereby made to amend the Zoning Ordinance by reclassifying property presently zoned _____ to a new classification of _____.

3. This request to reclassify property is for the following purpose(s):

4. Checklist of minimum required items to accompany this application at time of submission:

- | | | | | |
|----|---|--------------------------|-----------|--------------------------|
| a. | Names and mailing address of all adjoining property owners | <input type="checkbox"/> | confirmed | <input type="checkbox"/> |
| b. | Copies of deed or legal description of property to be rezoned | <input type="checkbox"/> | confirmed | <input type="checkbox"/> |
| c. | If applicant is agent, copies of notarized Agent's letter | <input type="checkbox"/> | confirmed | <input type="checkbox"/> |
| d. | Copies of plat or tax map depicting area and current zoning | <input type="checkbox"/> | confirmed | <input type="checkbox"/> |
| e. | Other: | | | |

5. Certification:

I/We do hereby certify that all statements made herein and in any documentation submitted herewith are true and correct to the best of my/our knowledge and that I/we are aware of the provisions of the Zoning Ordinance of the Village of Arcanum. Please sign below:

Applicant: _____ Date: _____

=====

FOR OFFICE USE ONLY:

Application Number: _____

Date Filed: _____

Check Amount: _____

Receipt Number: _____

Check Number: _____