Athens Township

Athens County, Ohio

APPLICATION FOR ZONING MAP AMENDMENT

Athens Township Zoning Resolution Article 13 and Ohio Revised Code §519.12, et seq.

Athens Township Zoning Resolution §13.02 (1) "...Amendments to the zoning resolution may be initiated by motion of the Township Zoning Commission, by the passage of a resolution by the Board of Township Trustees, or by the filing of an application by one or more of the owners or lessees of property within the area proposed to be changed or affected by the proposed amendment with the Township Zoning Commission..."

A <u>NON-REFUNDABLE</u> application fee of <u>one hundred fifty dollars (\$150.00)</u> is required to defray the cost of legal advertising, mailing of notification to affected adjacent property owners, filing any revised map with the Athens County Recorder, and other expenses incurred by Athens Township in the administration of the request.

wner Name:					
wner Address:Street					7' 1-
none: ()					Zip code
pplicant/Lessee Name (if different than Owne	r):				
pplicant/Lessee Address:Street		City	Sta	ite	Zip code
none: ()					
urrent Zoning district: (check one)	□ R-2	□ R-3	□ B-1	□ B-2	□ LLR
urrent land use:					
roposed Zoning district: (check one) \square R-1	□ R-2	□ R-3	□ B-1	□ B-2	□ LLR
roposed land use:					
APPLICATIONS FOR REZONIN					

☐ 1. Signed and Completed Application, including all information required below.	
□ 2. Site plan drawn to scale illustrating:	
□ a. Lot size/Acreage and parcel dimensions.	
\Box b. Location, size and current use of all existing buildings and structures (principal and accessory	·).
\Box c. Location, size and proposed use of new buildings or structures (principal and accessory), if ap	plicable
□ 3. NON-REFUNDABLE application fee of one hundred fifty dollars (\$150.00).	

By my signature I hereby certify that the facts, statements, and information presented within this application and any documents attached hereto are accurate, true, and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application may result in the application being delayed for review by Athens Township Zoning Commission. I hereby certify that I have read and fully understand all the information required in this application and all applicable requirements of the Athens Township Zoning Resolution.

Property Owner:			
	Signature	Printed Name	Date
Applicant/Lessee:(if other than Owner)	Signature	Printed Name	Date
RETURN APPLICA		OF THE ATHENS TOWNSHIP BO EET, ATHENS, OHIO 45701	ARD OF TRUSTEES,
	FOR OFFI	CIAL USE ONLY	
	Application №:		
Date received by Trustees:			
Date forwarded to Zoning (Commission:		
Date forwarded to Athens (County Regional Planning Con	nmission for review:	
Date of Athens County Reg	gional Planning Commission re	commendation:	
Date of Zoning Commissio	n hearing publication in newsp	aper:	
Date notice sent to affected	property owners:		
Date of Zoning Commissio	n Public Hearing:		
Date of Zoning Commissio	n recommendation to Trustees:	:	_
Date of Trustees hearing pu	ublication in newspaper:		
Date of Trustees Public He	aring:		
Date of Trustees decision:			
Date of Owner or Lessee ap	ppeal to Athens County Court of	of Common Pleas (if applicable):	
Date of citizen filing of refe	erendum (if applicable):		

Date of filing with Athens County Recorder: