

# Athens Township

Athens County, Ohio

## APPLICATION FOR ZONING TEXT 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 **NON-REFUNDABLE** application fee of **one hundred fifty dollars (\$150.00)** is required to defray the cost of legal advertising, filing any revised text with the Athens County Recorder, and other expenses incurred by Athens Township in the administration of the request. No fee required for proposed amendments initiated by the Athens Township Zoning Commission or the Athens Township Trustees.

Petitioner's Name: \_\_\_\_\_

Petitioner's Address: \_\_\_\_\_  
Street City State Zip code

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Section proposed for deletion or amendment: \_\_\_\_\_

- 1. Signed and Completed Application, including all information required below.
- 2. Existing text language to be deleted or amended.
- 3. Proposed text replacement or amended language.
- 4. **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.

Petitioner's Name: \_\_\_\_\_  
Signature Printed Name Date

Applicant/Lessee: \_\_\_\_\_  
(if other than Owner) Signature Printed Name Date

**RETURN APPLICATIONS TO THE OFFICE OF THE ATHENS TOWNSHIP BOARD OF TRUSTEES,  
313 W. UNION STREET, ATHENS, OHIO 45701**

**FOR OFFICIAL USE ONLY**

Application №: \_\_\_\_\_

Date received/initiated by Trustees: \_\_\_\_\_

Date forwarded to Zoning Commission: \_\_\_\_\_

Date forwarded to Athens County Regional Planning Commission for review: \_\_\_\_\_

Date of Athens County Regional Planning Commission recommendation: \_\_\_\_\_

Date of Zoning Commission hearing publication in newspaper: \_\_\_\_\_

Date of Zoning Commission Public Hearing: \_\_\_\_\_

Date of Zoning Commission recommendation to Trustees: \_\_\_\_\_

Date of Trustees hearing publication in newspaper: \_\_\_\_\_

Date of Trustees Public Hearing: \_\_\_\_\_

Date of Trustees decision: \_\_\_\_\_

Date of filing with Athens County Recorder: \_\_\_\_\_