

**APPLICATION FOR ZONING MAP AMENDMENT
FLORENCE TOWNSHIP ZONING COMMISSION**
11011 Chapel Street, Wakeman, Ohio 44889
440.742.0026
zoning@florencetwp.com

Fee: \$250
Make checks payable to:
Florence Township Trustees

Name of Applicant: _____ Email: _____

Mailing Address: _____ City, State, Zip _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

*** Please note ALL parcels MUST be listed. Failure will result in the application not being processed. Additional fees may be assessed to proceed if additional legal ads and notifications (postage) are needed due to incomplete forms.*

To the Zoning Commission:

I hereby request that the zoning district of the following described land to be changed from:

_____ to _____

Reason for the proposed amendment: _____

Location Address or Description: _____

Parcel ID #: _____

Present Use: _____ Proposed Use: _____

Present Zoning District: _____ Proposed Zoning District: _____

Documentation: The Application Fee and copies of the following shall be submitted at the time of application:

- 1) A vicinity map at a scale approved by the Township Zoning Inspector showing property lines, thoroughfares, existing and proposed zoning, and such other items as the Zoning Inspector may require.
- 2) A list of all property owners and their mailing addresses who are within, contiguous to, or directly across the street from the parcel(s) proposed to be rezoned and others that may have a substantial interest in the case, except that addresses need not be included where more than ten (10) parcels are to be rezoned. See attached sheet for parties of interest. **
- 3) A statement on the ways in which the proposed amendment relates to the comprehensive plan.

An applicant for a proposed map amendment to the Zoning Resolution must comply with the requirements of this Application outlined above. The Township Zoning Inspector will review the Application (or any amended Application) to verify that it is accurate and complete within five (5) days of receipt of the application. Within that time, the Zoning Inspector shall send written notice (Notice of Status) to the Applicant(s) indicating one of the follows: 1) the Application is found to be complete; or 2) The Application has been found to be inaccurate or incomplete. If the Zoning Inspector finds that the application is inaccurate or incomplete, the Notice of Status shall specify the insufficiencies that were found in the Application. The Zoning Inspector's Notice of Status shall be sent by regular U.S. Postal Service mail to the Applicant at the address listed by the Applicant above. If notice of an inaccurate or incomplete Application has been sent, the Application will not be processed until corrections have been made and the Application is complete. The filing date of the application package shall be the date on which all information submitted is found by the zoning Inspector to meet the requirements described in this Application.

As the Applicant, I do hereby certify that I am the Property Owner, or I am submitting the application on behalf of the Property Owner with their knowledge, understanding, and authorization. Furthermore, I hereby certify that the information and statements provided on this application, drawing and specifications are true and correct to the best of my knowledge and belief. I understand that all information submitted with this application will be assumed by the Florence Township's reviewing authority to be correct and the Applicant shall assume responsibility for any errors and/or inaccuracies resulting in an improper application.

Applicant's PRINTED Name

Applicant's Signature

Date

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PARTIES OF INTEREST

Applicant shall list all adjoining property owners on all sides including across the street, plus any property owner within a 500 foot radius of the affected property must be listed below. Incomplete information can hold up the hearing process. NOTE: Names of property owners, parcel numbers, and tax mailing addresses for parcels of property located in Erie County may be found by a search of the on-line records of the Erie County Auditor.

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
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Name _____
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Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____