

## City of Circleville

#### **Department of Public Service**

City Administration Building 104 East Franklin Street Circleville, OH 43113 740-477-8224 www.circlevilleoh.gov

Application #:	
Date:	

# Application for **Zoning Amendment/Rezoning**

A scaled site plan (drawing) showing all property lines, existing structures, and proposed construction with dimensions **must be submitted** with application. All distances between the proposed construction, property lines and other structures must be labeled.

Applicant Name:	Phone #:				
Applicant Address:	E-mail:				
Property to be Rezoned:					
Address:	Parcel #:				
Owner:	Phone #:				
Owner Address:					
Property being on the	side of street  (Street Name)				
	_ and				
(Street Name)	(Street Name)				
Current Zoning District:	Current Land Use:				
Proposed Zoning District:	g District: Proposed Land Use:				
Surrounding Land Uses:					
North:	South:				
East:	West:				
Proposed Zoning Code Amendment: (additions unadditional pages if needed)	se <b>bold</b> , deletions use strikethrough. If not applicable, write N/A. Attach				
By signature, I attest to the truth and exactness	of all information submitted.				
Applicant Signature:	Date:				

# **Property Owner Signature:** (Print Name) hereby authorize the applicant/agent listed above to file this application on my behalf and agree to amendment of the same as they deem appropriate. Owner Signature: Date: Individual subscribed and sworn in my presence this \_\_\_\_\_\_ day of . 20 Notary Public Signature: Date: \_\_\_\_\_ Non-individual property owner's signature: Notary Public Signature: Date: ----- Do not fill below line -----Fee Collected: By: \_\_\_\_\_ Date: \_\_\_\_ Credit Card #: \_\_\_\_\_ Cash Exp: \_\_\_\_/\_\_\_ Security Code: \_\_\_\_\_ ZIP: \_\_\_\_\_ Check #: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Address: \_\_\_\_\_ Signature: \_\_\_\_ Date: \_\_\_\_\_ Accepted By: The Planning & Zoning Commission reccomends: Acceptance Rejection Acceptance with the following modifications: (P&Z Chairperson) ----- Council Portion ------City Council Decision: Acceptance Rejection Acceptance with the following modifications:

(Date)

(Council President)

### Zoning Amendments/Rezoning

#### Section 1113.04 Zoning Amendments

- a) Map and Text Amendments to this Ordinance may be initiated by any of the following methods:
  - 1. By referral of a proposed amendment to the Planning and Zoning Commission from City Council.
  - 2. By adoption of a motion of the Planning and Zoning Commission

Please acknowledge that you have read and understand the above:

3. By the filing of a completed application by at least one (1) owner or lessee of property, or his/her designated agent, within the area proposed to be affected by the amendment.

Each year the City of Circleville Planning and Zoning Commission shall adopt a Zoning Amendment Schedule, which shall include monthly submittal deadlines for zoning amendment applications. The submittal deadline immediately following the submission of a completed application, as determined by the Zoning Inspector, shall be considered the "submittal date" of said application.

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Annliquet Vianctura:	L Noto:
Applicant Signature:	Date:

# Zoning Amendment/Rezoning Application Checklist

Proj	perty Add	ress:		Parcel #:				
	Three pap	per copies of the application s	submitted to the City of Circ	leville				
	One elect	lectronic copy of the application submitted to the City of Circleville						
	Proposed	roposed text changes to the zoning code included in application (if applicable)						
	Proposed	posed map changes, which include the following:						
	Legal description, prepared, signed and stamped by a surveyor registered in the State of Ohio, of the Tract to be rezoned including all parcels within said Tract (an existing legal description on file with the Pickaway County Recorder's office may be utilized to meet this requirement).							
	Map showing the Tract and surrounding properties within 200 feet of that shows property lines of the Tract and surrounding parcels.							
		rezoned and their addresses	as they appear on the Pickav	n, and directly across the street way County Auditor's current to be rezoned includes more than  Tox Payer Address  Mailing Name HIGH SENTRY INVESTMENTS LLC  Moiling PO BOX 35  Address  City, State, Zip HILLIARD OH 43028  This is the mailing address that must be provided for each surrounding property owner per Section 7.030.	ax list (this			
	Traffic st	udy, signed and sealed by a p	rofessional Engineer (if app	licable)				
a.m.		eak hour trips and/or more tha		amendment can generate one h re daily vehicle trips or when o				
	A narrative statement explaining how the proposed changes will impact the adjacent neighborhood and the City as a whole							
	Paid appl	lication fee						

### **Application Timeline**

For general guidance only – timeline not to be used for regulatory purposes.

