

Madison Township

Pickaway County, Ohio

Application for Zoning District Amendment

To amend the text or map of the Madison Township Zoning Resolution, the applicant shall follow the provisions of Ohio Revised Code Section 519.12, as may be amended, and the Madison Township Zoning Resolution.

- ☐ Zoning District Change, or
- ☐ Zoning Text Amendment

Owner / Applicant Information (Owners or lessees of property):

Property Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Applicant Information (primary contact if designated agent for owner or lessee):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Attach additional sheet for information for multiple owners and/or lessees

Subject property

Pickaway County Auditor Tax Identification Number (parcel ID): _____

Parcel street address: _____

Area (acres) of subject property: _____

Required contents of Application, Section 6.03 of Zoning Resolution

Current Use and Zoning District: _____

Proposed Use and Zoning District: _____

Describe the request (use separate sheet if necessary): _____

- ☐ Attach legal description of record; survey drawing; or, subdivision plat
- ☐ Proposed amendment to the text of the Madison Township Zoning Resolution (if applicable) stating specific sections of the Resolution that are proposed for amendment(s), and attached as a separate exhibit.
- ☐ Map drawn to scale showing property lines, streets, existing and proposed zoning, and such other items as the Zoning Inspector may require.
- ☐ A list of property owners and their address as appearing on the Pickaway County Auditor current tax list, within 500 feet, contiguous to, and directly across the street from the parcel(s) proposed to be rezoned. This requirement may be waived if more than 10 parcels are proposed to be rezoned.
- ☐ Statement as to how the proposed amendment will impact adjacent and proximate properties.
- ☐ Additional information as may be requested by the Zoning Inspector to determine conformance with, and provide enforcement of the Madison Township Zoning Resolution.
- ☐ Fee paid and application filed with Madison Township Zoning Commission _____.

Date

Applicant signature

Date

Applicant certifies that all information contained herein is true and accurate