AUBURN TOWNSHIP

11010 Washington Street
Chagrin Falls, OH 44023
440-543-7028

APPLICATION FOR A ZONING AMENDMENT

R. C. 519.12 (A)

The undersigned owner(s) or lessee(s) of the following legally described real property hereby request the adoption of the following zoning amendment to the Auburn Township Zoning Resolution.

THIS APPLICATION SHALL BE COMPLETED BY THE APPLICANT.

A. Name of Applicant: _____

Address of Applicant: _____

Telephone Number of Applicant: _____

B. Address of the Property: _____

C. Describe the present use of the property: _____

D. Describe the present zoning classification of the property: _____

E. Provide the text of the proposed amendment: _____

_____

_____

F. What is the proposed zoning district classification? (if applicable)_____

_____

G. Attach a legal description of the real property subject of the proposed amendment. If the applicant does not have title to the property, attach a copy of a power of attorney, lease, or purchase agreement as well.

H. Attach a map, drawn to scale, with a north arrow, showing the boundaries and dimensions (in feet) of the property.

I. Attach a copy of the official township zoning map with the area proposed to be changed fully delineated and the proposed zoning district designation shown thereon, if applicable.

J. Attach a statement relative to the reason(s) for the proposed amendment and how it relates to the township land use plan.

K. A site plan detailing existing and proposed buildings, structures, and uses on the affected lot(s).

L. Provide a list of the addresses from the county auditor's current tax list of all owners of property within and contiguous and directly across the street from the area proposed to be rezoned or redistricted, if the proposed amendment intends to rezone or redistrict ten (10) or fewer parcels of land as listed on the county auditor's current tax list.

M. Eight (8) copies of this Application and all information requested are to be furnished to the zoning commission and submitted to the zoning commission at the regular monthly meeting of the commission.

I hereby certify that all of the information supplied in this application and attachments hereto is true and correct to the best of my knowledge, information and belief.

I hereby acknowledge that I understand that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than one thousand dollars ($1,000), or both.

_____
Applicant's Signature

_____
Date

****

FOR OFFICIAL USE ONLY

Application or Amendment Number: _____

Date Application Received: _____

Date of Submission to County Planning Commission: _____

Date of Public Hearing: _____

Dates, time and place of public examination: _____

Date of Notice to Property Owners: _____

Date of Notice in Newspaper: _____
(Provide name of newspaper)

Date of Submission to Board of Township Trustees: _____

Amount of Fee Paid: $_____

I hereby acknowledge the receipt of this application for a zoning amendment this _____ day of

_____, 200_____.