

**APPLICATION FOR ZONING TEXT AMENDMENT
VILLAGE OF JACKSON CENTER
SHELBY COUNTY, OHIO**

Application No. _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. **Name of Owner** _____

Mailing Address _____

Phone Number: (Home) _____ (Work) _____

2. **Locational Description:** Subdivision Name _____

Lot No. _____ Street Name and Number _____

(If not located in a subdivision, attach legal description)

4. **Statement of Reason(s) for the Proposed Amendment** _____

5. **Supporting Information:** Attach the following items to the application:

- a. Vicinity map(s) showing property lines, streets and existing and proposed zoning.
- b. Legal description of property.
- c. A list of all property owners and their mailing addresses within, contiguous to and directly across the street from the proposed rezoning.
- d. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
- e. The proposed amendment to the zoning text in ordinance form, approved as to form by the Village Solicitor.

Signature of Owner

Date

(For Official Use Only - Planning Commission)

Village of Jackson Center Planning Commission

Fee Paid _____ Date Filed _____

Date of Planning Commission action _____

Recommendation of Planning Commission: Approval _____ Denial _____

Reason for recommendation _____

Planning Commission Chairman

Date

(For Official Use Only - Council)

Date Planning Commission Recommendation Received _____

Date of Notice in Newspaper _____

Date of Notice to Adjacent Property Owner(s) _____

Date of Public Hearing _____

Action of Council: Approval _____ Denial _____

If denied, reason for denial _____

Mayor

Date

Clerk

Date

NOTE: Three (3) copies of this form and supporting information must be filed with the Village of Jackson Center Planning Commission.