

**APPLICATION FOR ZONING AMENDMENT
WASHINGTON TOWNSHIP
HANCOCK COUNTY, OHIO**

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

1. Name of Applicant _____
2. Mailing Address _____
Phone Number: Home _____ Business _____
3. Locational Description:
Subdivision Name _____ Lot No. _____
Section _____
(If not located in a recorded subdivision, attach legal description.)
4. Existing Use _____
5. Present Zoning District _____
6. Proposed Zoning District _____
Proposed Use _____
7. Supporting Information: Attach the following items to this Application:
 - a. A vicinity map showing property lines, streets, and existing and proposed zoning.
 - b. A list of all property owners within, contiguous to, and directly across the street from the proposed zoning, along with the current tax mailing address for each property owner.
 - c. A statement of how the proposed rezoning relates to the Hancock County Comprehensive Plan.

(DATE)

(APPLICANT'S SIGNATURE)

For Official Use Only

Washington Township Zoning Commission

Date Filed _____ Date of Notice in Newspaper _____
 Date of Notice to Adjoining Property Owners _____
 Date of Zoning Commission Hearing _____ Fee Paid _____
 Recommendation of Zoning Commission: Approval _____ Denial _____
 Reason for Recommendation _____

(DATE)

(ZONING COMMISSION CHAIRMAN)