

**ZONING DEPARTMENT APPLICATION ZONING AMENDMENT**

Zoning Inspector  
419-603-1328

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Filing Date \_\_\_\_\_

Present Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

Property Location: Parcel Number and Legal Description: Attach Legal Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reasons for requesting amendment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach information as required by Section 10.2 (1), (2), (3), (4), (5), (6) and Section 10.3

Transmitted to the Zoning Board this date: \_\_\_\_\_

Zoning Board Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Board Chairman

\_\_\_\_\_  
Zoning Board Secretary

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Received from \_\_\_\_\_ \$ \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Zoning Inspector