

ELYRIA TOWNSHIP
ZONING COMMISSION

APPLICATION FOR REZONING

NAME _____

DATE _____

ADDRESS _____

PHONE # _____

DESCRIPTION OF REZONING REQUESTED:

ZONING CHANGE SHALL CONTAIN THE FOLLOWING INFORMATION:

- A. NAME, ADDRESS, AND PHONE NUMBER OF APPLICANT/OWNER.
- B. LEGAL DESCRIPTION OF PROPERTY.
- C. PRESENT USE.
- D. PRESENT ZONING DISTRICT.
- E. PROPOSED USE.
- F. PROPOSED ZONING DISTRICT.
- G. A VICINITY MAP (AT SCALE) SHOWING PROPOSED ZONING AND SUCH OTHER ITEMS AS THE ZONING COMMISSION MAY REQUIRE.
- H. A LIST OF ALL PROPERTY OWNERS WITHIN, CONTIGUOUS TO, AND DIRECTLY ACROSS THE STREET FROM THE PARCEL(S) TO BE REZONED.
- I. A FEE AS ESTABLISHED BY THE TOWNSHIP TRUSTEES.
- J. PERMIT FEE'S ARE NON-REFUNDABLE.

THE ABOVE ARE TO BE SUBMITTED TO THE ZONING INSPECTOR. A MEETING WILL BE HELD BY THE ZONING COMMISSION, AT WHICH TIME THEY WILL SET A DATE FOR AN ADVERTISED PUBLIC HEARING. CASE IS SUBMITTED TO THE COUNTY PLANNING COMMISSION FOR THEIR RECOMMENDATION, SURROUNDING PROPERTY OWNERS ARE NOTIFIED OF THE PUBLIC HEARING, THE ZONING COMMISSION RECOMMENDS THEIR DECISION TO THE TOWNSHIP TRUSTEES, WHO ALSO HOLD AN ADVERTISED PUBLIC HEARING AND MAKE THE FINAL DECISION.

MAIL TO: BEVERLY E. SAMS, ZONING SECRETARY
6214 ELYRIA AVENUE
ELYRIA OHIO 44035

Check number _____ in the amount of _____ made payable to:
Elyria Township Trustees. (CASH WILL NOT BE ACCEPTED)

Date Notice Filed..... _____

Date of Notice to parties in interest..... _____
(fifteen (15) days before hearing)

Date of Hearing..... _____

Decision of Zoning Commission _____

Date of Decision by Zoning Commission..... _____
(within twenty (20) days after case is submitted)

ATTEST:

ZONING COMMISSION

SECRETARY

CHAIRPERSON

ELYRIA TOWNSHIP REZONING REQUEST

THE ELYRIA TOWNSHIP ZONING COMMISSION HAS RECEIVED YOUR REQUEST FOR A REZONING ON PROPERTY LOCATED AT _____
_____. BEFORE THIS REZONING CAN BE CONSIDERED, WE MUST HAVE THE FOLLOWING INFORMATION:

NAME AND ADDRESSES OF ADJOINING PROPERTY OWNERS:

**** PLEASE TYPE OR PRINT INFORMATION ****

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |
| 5. _____

_____ | 6. _____

_____ |

NAME AND ADDRESS OF PROPERTY OWNERS ACROSS THE STREET

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
|----------------------------|----------------------------|

YOU WILL BE NOTIFIED OF THE DATE AND TIME OF THE ZONING COMMISSION HEARING. ALL APPLICANTS MUST BE PRESENT.

IF YOUR ATTORNEY WILL BE PRESENT PLEASE NOTIFY SECRETARY BEFORE HEARING.

ELYRIA TOWNSHIP ZONING COMMISSION
BEVERLY E. SAMS, SECRETARY
6214 ELYRIA AVENUE
ELYRIA, OH 44035
440-324-6288