



MAP AMENDMENT PERMIT APPLICATION: CHAPTER #1137

Application Number: _____ Date: ____/____/____

FEES:

Number of Certified Letters to Contiguous Property Owners: _____ @ \$8.53 Total: \$ _____

Newspaper Advertising Expense: \$ _____ & Applicable acres: _____ @ \$10 per acre: \$ _____

Application Fee: \$600

Total Fee Amount: \$ _____ Paid: Check # _____ / Cash: _____

(PLEASE PRINT)

Applicant's Name: _____ Phone: (____) _____ - _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Zoning District: _____ Proposed District: _____

Property Address: _____ Johnstown, Ohio 43031

Business name: _____

Description of the property to which Amendment would apply if enacted: _____

Proposed Zoning District: _____

Present use of property: _____

IN ADDITION, THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

1. Attach a Legal Description.
2. Attach a separate list of property owner's names and addresses contiguous to and directly across the streets(s) from the property for which the Non-Conforming use is proposed or desired and the mailing addresses of all such persons.
3. Attach a vicinity map that shows the property lines, streets, existing and proposed.

4. Attach a statement of the relation of the proposed amendment to the general welfare of the community, to appropriate plans for the area and to the changed or changing conditions behind the request for the amendment, and proposed, existing and proposed.
5. Attach a list of any deed restrictions, easements, covenants and or encumbrance to be used to control use, development and maintenance of land and proposed uses shall be fully denoted by text and map.

**** The undersigned is applying for a Map Amendment Permit for the following use; said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true & correct and agrees to follow all applicable regulations.*

Applicant's Signature: _____ *Date:* ____/____/____

OFFICE USE ONLY:

Date Received in Office: ____/____/____ By: _____

Planning and Zoning Commissioners Hearing Date: ____/____/____

Permit was Approved Issued on Date: ____/____/____

Permit was Denied on Date: ____/____/____

Commission Chairperson Signature: x _____

Additional Comments or Requirements: _____

