

Zone Change Application

RAVENNA TOWNSHIP ZONING

6115 S. Spring Street
Ravenna, Ohio 44266
Phone: (330) 296-9616 Fax: (330) 297-9138
www.ravennatownship.com

<u>Township Use Only:</u>	
Parcel #	_____
Date Received:	_____
Zoning District	_____
Certificate #	_____
Fee Paid	_____

Date: _____

Property Address _____

Property Owner _____

Email Address _____ Phone Number _____

Applicant (if different) _____

1. State the current zoning of the property and current use of the property: _____

2. What Zoning district are you seeking on the property

The following items must be submitted with this petition to be made a part of this petition:

1. A complete legal description and copy of the deed for the property, including any deed restrictions, covenants and easements for the property to be rezoned.
2. A sketch, tax map, or survey showing all the property lines, buildings, structures, and easements on the property to be rezoned, and showing adjacent properties and road right-of-ways.
3. A statement of why the change is necessary for the preservation and enjoyment of a substantial property right.
4. A statement explaining why the change will not be materially detrimental to the public welfare nor to the property rights of other property owners and the Township, considering the effect of such elements as noise, light, odor, vibration and traffic, and how the proposed Zone Change will be compatible with adjacent and other properties in the District.
5. Any requested change to the text of the Zoning Resolution.
6. A list of the names and addresses of all property owners, as listed on the county auditor's current tax list, of property contiguous to and directly across the street from the area proposed to be rezoned.
7. The fee established by the Ravenna Township Board of Trustees.

