

Amendment Application

RAVENNA TOWNSHIP ZONING

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

Township Use Only:

Parcel # _____

Date Received: _____

Zoning District _____

Certificate # _____

Fee Paid _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification and or Zoning Resolution Text as described below. If application is only for a text amendment, fill in only the applicable areas. **Text Amendment:** _____ **District/Map Amendment:** _____

Name Of Applicant: _____

Address: _____

City: _____ State: _____

Phone: _____

ZONING DISTRICT OR ZONING MAP AMENDMENT: Attach the following items to application

- a. A vicinity map showing property lines, streets, and existing and proposed zoning.
- b. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
- c. A statement of how the proposed rezoning/ map amendment relates to the Comprehensive Plan.
- d. Existing Zoning District.
- e. Proposed Zoning District.
- f. \$300.00 Fee (Check or Cash).
- g. Attendance at the hearing is Mandatory.**

TEXT AMENDMENT: Attach the following items to the application

- a. The existing Zoning Resolution text.
- b. The proposed Zoning Resolution text.
- c. A written statement of why the proposed Text Amendment is necessary.
- d. \$300.00 Fee (Check or Cash.)
- e. Attendance at the hearing is Mandatory.**

Applicant Signature

Date

Applicant Printed Name

Date