



Monroe Township Zoning Commission Rezoning Application

7621 Johnstown Alexandria Rd.
Johnstown, Ohio 43031
Phone 740.967.1900

MONROE TOWNSHIP ZONING USE ONLY

ZC Case Number _____ Fee Paid _____ Date Received _____

APPLICANT

Applicant _____ Company _____

Address _____

Phone Number _____ Email _____

PROPERTY LOCATION DESCRIPTION

Property Type Residential Commercial Owner _____

Subdivision Name _____ (If not a platted sub-division, attach a legal description)

Address _____

Phone Number _____ Email _____

Parcel Number _____ Property Zoned _____ Total Acres _____

EXISTING AND PROPOSED - ZONING AND USE

Current Zoning _____ Existing Use _____

Proposed Zoning _____ Proposed Use _____

Monroe Township Zoning Resolution Section for Proposed Zoning _____

REQUIRED TO SUBMIT WITH APPLICATION

Six (2) sets of the following items:

1. A vicinity at a scale approved by the Zoning Inspector showing property lines, thoroughfares, existing and proposed zoning, and such other items as the Zoning Inspector may require.
2. A statement of how the proposed rezoning relates to the Comprehensive Plan.
3. A list of all property owners and their mailing addresses who are within, contiguous to, directly across the street from the parcel(s) proposed to be rezoned.
4. The proposed amendment to the zoning map or text in resolution form.
5. Fee as established according to section 3.11 of the Monroe Township Zoning Resolution, non-refundable.
6. A current legal description of the property proposed for zoning amendment.

I certify that the information contained in this application and its supplements is accurate and true. The Owner/ Applicant, as signed below, hereby authorizes Monroe Township representatives to visit, photograph, and post a notice on the property described in this application.

(Applicant Signature)

(Date)

