

**Application for Zoning Change
Salem Township - Warren County, Ohio**

Case # _____

Applicant's Name: _____ Phone #: _____

Address: _____

Attach A Legal Description Of Property To Be Rezoned

Property fronts on (roads): _____

Legal Title to said property now stands in the name(s) of :

Property Presently zoned for: _____

Request property to be changed to: _____

Reason for this application:

Applicant's Signature _____

Contact Person's Typed or Printed Name and phone number.

The Application Fee for a Zoning Change is \$1500.00, which includes the legal advertisement, registered letters, and Zoning Commission hearing.

NOTE: This Application shall be completed and filed with the Salem Township Zoning Inspector for presentation to the Salem Township Zoning Commission. Show on the reverse side hereof the names and addresses of ALL owners of real property within or contiguous to and directly across the street from the property proposed to be rezoned. Obtain information from the Warren County Map Room and the County Treasurer. Submit scale maps showing the adjacent property owners as well as the area to be rezoned.

FOR OFFICE USE ONLY –

Date of filing with Zoning Commission:

Fee: _____

Receipt Date: _____

Property owners contiguous to and directly across the street from the Property proposed to be

Name: _____ Sidwell _____

Address, City, State Zip: _____

Name: _____ Sidwell _____

Address, City, State, Zip: _____

Name: _____ Sidwell _____

Address, City, State, Zip: _____

Name: _____ Sidwell _____

Address, City, State, Zip: _____

Name: _____ Sidwell _____

Address, City, State, Zip: _____

Name: _____ Sidwell # _____

Address, City, State, Zip: _____

Name: _____ Sidwell # _____

Address, City, State, Zip: _____

Name: _____ Sidwell # _____

Address, City, State, Zip: _____

List all adjacent property owners - Use additional page if necessary

For Office Use Only: Date Legal Ad: _____ Date Notices Mailed: _____

Sent To Planning Commission: _____ Action of Planning Commission: _____

Date Public Hearing Date: _____ () Allowed () Disallowed () Modified

Date Sent To Township Trustees: _____ Action of Trustees _____