

**APPLICATION #**

The Village of Plain City – Office of the Zoning Inspector  
**APPLICATION FOR ZONING DETERMINATION OR MAP AMENDMENT**

213 S. Chillicothe Street – Plain City, OH. 43064 – Phone: 614-873-1945 – Fax: 614-873-4649  
Email – [jjordan@Plain-City.com](mailto:jjordan@Plain-City.com)

Proposed changes or amendments may be initiated by one or more owners or lessees of land within the area that is proposed to be changed by amendment of the Zoning District Map or by one or more owners or lessees of land to be affected by change or amendment of other provisions of the Zoning Ordinance.

**Applicant:** \_\_\_\_\_ owner    lessee    other  
**Applicant's Address:** \_\_\_\_\_  
**Applicant's Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Street Address of Property** \_\_\_\_\_ **Lot #** \_\_\_\_\_  
Attach legal description.

**Existing Use:** \_\_\_\_\_  
**Proposed Use:** \_\_\_\_\_

**Chapter 1136.02 - INITIATION OF ACTION BY OWNER OR LESSEE OF LAND:** Two copies of a provided application form shall be filed with the Zoning Inspector not less than twenty days prior to the Public Hearing of the Planning and Zoning Commission at which the proposal is to be considered.

- a. The application for any proposed change or amendment shall contain:
  - (1) A description or statement of the present and proposed provisions of the Zoning Ordinance or the proposed change of the District boundaries of the Zoning District Map
  - (2) A description, my map and test, or the property to be affected by the proposed change or amendment.
  - (3) A statement of the relation of the proposed change or amendment to the general health, safety and welfare of the public in terms of need or appropriateness within the area by reason of changed or changing conditions and the relation to appropriate plans for the area.
  - (4) A statement of the relation of the proposed change or amendment to the Comprehensive Plan.
  - (5) Notice to Property Owners. If the proposed amendment intends to rezone or redistrict ten (10) or less parcels of land, as listed on the tax duplicate, written notice of the hearing shall be mailed by the Zoning Inspector, by first class mail, at least twenty (20) calendar days before the day of the public hearing to all owners of property within and

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contiguous to, directly across the street from and within 250 feet of the area to be rezoned or redistricted to the addresses of such owners appearing on the County Auditor's tax list. Failure of delivery of the notification as provided in the Section shall not invalidate any such amendment. The notice shall contain the same information as required of notices published in newspapers. Such list shall be in accordance with the Madison/Union County Auditor's current tax list and **provided by the applicant to the Zoning Inspector.**

- (6) Such information as may be otherwise required by the provisions of the Zoning Ordinance.
- b. **Fees:** When making application for an amendment, the investigation and compliance fees, in such amount as may be established by Council from time to time, shall be paid to the Municipality for each application.

**The undersigned certifies that this application and the attachments thereto contain all information required by the Zoning Ordinance and that all information contained herein is true and accurate and is submitted to induce the amendment of the zoning map. Applicant agrees to be bound by the provisions of the Zoning Ordinance of the Village of Plain City.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.  
APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT PLANNING & ZONING MEETING**



Date of Planning and Zoning Commission Public Hearing: \_\_\_\_\_

Date of Decision: \_\_\_\_\_ Recommendation: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date of Council Public Hearing: \_\_\_\_\_

Recommendation: Approved \_\_\_\_\_ Denied \_\_\_\_\_

Amount of Fee \$\_\_\_\_\_. (Must be paid at time of Application.)

\_\_\_\_\_  
Signature of Zoning Inspector

\_\_\_\_\_  
Date

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Received by \_\_\_\_\_ Date \_\_\_\_\_

**(FOR PLANNING & ZONING COMMISSION USE ONLY)**

**REVIEWED BY:**

Division of Fire _____	Date _____
Division of Police _____	Date _____
Division of Public Works & Streets _____	Date _____
Division of Wastewater Treatment _____	Date _____
Division of Water _____	Date _____
Engineering _____	Date _____
Village Administrator _____	Date _____
Zoning Inspector _____	Date _____

**COMMENTS:**

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