## ZONING AMENDMENT APPLICATION

Perkins Township Community Development 2610 Columbus Ave., Sandusky, OH 44870 www.perkinstownship.com (419) 609-1435

\*Must download and save application before the signature or submittal options are available.



PROPERTY OWNER INFORMATION				APPLICANT TO PROVIDE
OWNER NAME				O Non-refundable filing fee
OWNER ADDRESS				of \$350. Plus \$25 per each
OWNER ADDRESS				additional issue. Fees may be paid by cash, check, or
HOME PHONE	CELL PHONE		EMAIL ADDRESS	credit card (5% convenience
				fee)
AGENT INFORMATION				O 2 copies of the
AGENT NAME				application and all supporting documents
				O Legal description of the
AGENT ADDRESS				property
(CITY STATE ZIP)				O A plan of the proposed
				site for the conditional use
PHONE				O A narrative statement
				explaining how the conditional use will affect
EMAIL ADDRESS				the surrounding area
				O A narrative statement
PROPERTY/LOCATION INFORMATION				establishing and
PARCEL NUMBER	CURRENT ZONING		ACREAGE	substantiating that the variance conforms to the
				standards on page 2
ADDRESS	SUBDIVISION			
CURRENT GONING PICERICE	PROPOSED ZOM	NG DIGEDICE		
CURRENT ZONING DISTRICT	PROPOSED ZONI	NG DISTRICT		
ADDITIONAL INFORMATION				
Has there been any previous application or appeal fil	ed with this Commiss	sion on these prer	nises?	
YES [ ] NO [ ] If Yes, when:				
A statement of the reason(s) for the proposed amendment:				
A statement on the ways in which the proposed amendment relates to the Perkins Township Comprehensive Plan:				
•		*	*	
APPLICATION AUTHORIZATION				
**I hereby certify that I am the owner or agent for the owner ar knowledge. All official correspondence in connection with the				plete to the best of my
PRINT: Owner/Agent	application should be sen	to my attention at t	DATE:	
PRIN1: Owner/Agent			DATE:	
SIGNATURE: Owner/Agent				
STAFF REVIEW				
Submittal Date: • Walk In	o Mailed	o Emailed		Processed By:
				J.
Signature			Title	Date