

ZONING AMENDMENT APPLICATION

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



PROPERTY OWNER INFORMATION			APPLICANT TO PROVIDE
OWNER NAME			<input type="radio"/> Non-refundable filing fee of \$350. Plus \$25 per each additional issue. Fees may be paid by cash, check, or credit card (5% convenience fee) <input type="radio"/> 2 copies of the application and all supporting documents <input type="radio"/> Legal description of the property <input type="radio"/> A plan of the proposed site for the conditional use <input type="radio"/> A narrative statement explaining how the conditional use will affect the surrounding area <input type="radio"/> A narrative statement establishing and substantiating that the variance conforms to the standards on page 2
OWNER ADDRESS			
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
AGENT INFORMATION			
AGENT NAME			
AGENT ADDRESS			
(CITY STATE ZIP)			
PHONE			
EMAIL ADDRESS			
PROPERTY/LOCATION INFORMATION			
PARCEL NUMBER	CURRENT ZONING	ACREAGE	
ADDRESS	SUBDIVISION		
CURRENT ZONING DISTRICT	PROPOSED ZONING DISTRICT		
ADDITIONAL INFORMATION			
Has any previous application or appeal been filed with this Commission on these premises?			
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 and all information contained in this application is true, accurate and complete to the best of my knowledge. All official correspondence in connection with the application should be sent to my attention at the address shown above.			
PRINT: Owner/Agent		DATE:	
SIGNATURE: Owner/Agent			
STAFF REVIEW			
Submittal Date:		<input type="radio"/> Walk In <input type="radio"/> Mailed <input type="radio"/> Emailed	
		Processed By:	
Signature	Title	Date	