



CITY OF BELLEFONTAINE · ENGINEERING DEPARTMENT

135 N DETROIT ST · BELLEFONTAINE, OHIO 43311
ENGINEERING@CI.BELLEFONTAINE.OH.US
(937) -593-0417

PLANNING COMMISSION

OFFICE USE ONLY DATE SUBMITTED:	APPLICATION FOR: <input type="checkbox"/> ANNEXATION <input type="checkbox"/> REZONING <input type="checkbox"/> STREET/ALLEY VACATION	<input type="checkbox"/> PETITION AND WAIVER ATTACHED
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APPLICANT INFORMATION: COMPLETE ALL APPLICABLE SPACES, PRINT CLEARLY AND FIRMLY TO MAKE ALL COPIES READABLE.

PETITIONER:

MAILING ADDRESS:

CITY/STATE/ZIP:

PHONE: _____ EMAIL: _____

ARE YOU ACTING IN THE CAPACITY OF AGENT OR REPRESENTATIVE FOR ANY COMPANY OR GROUP? IF SO, PLEASE COMPLETE BELOW.

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE: _____ EMAIL: _____

ANNEXATION OR REZONING

REASON FOR DESIRED CHANGE:

A MAP SHOWING ALL PROPERTY OWNERS LYING WITHIN 200 FEET OF ANY PART OF THE EXTERIOR BOUNDARIES OF THE PREMISES TO BE REZONED AS PER SECTION 1129 OR ANNEXATION AS PER SECTION 1131.09 OF THE ZONING ORDINANCE OF THE CITY OF BELLEFONTAINE, OHIO

SUBMITTED: _____ DATE: _____

PLANS SHOULD BE SUBMITTED SHOWING THE NATURE OF THE WORK, THE EXACT LOCATION OF THE BUILDING ON THE LOT AND THE USE TO WHICH THE BUILDING IS TO BE PUT IF APPLICABLE.

SUBMITTED: _____ DATE: _____

PETITION, IF ANY: _____ SUBMITTED DATE: _____

THE PROPERTY IS CURRENTLY ZONED: _____ IT IS REQUESTED THAT THE ZONE BE CHANGED TO: _____

ALLEY/STREET VACATION

REASON FOR DESIRED VACATION:

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY
FEE OF \$ _____ PAID FOR ANNEXATION REZONING STREET/ALLEY VACATION