

CITY OF BELLEFONTAINE, OHIO
PLANNING COMMISSION

APPLICATION FOR: _____ANNEXATION _____REZONING

NAME OF APPLICANT _____

ADDRESS _____

PHONE # _____ EMAIL _____

ARE YOU ACTING IN THE CAPACITY OF AGENT OR REPRESENTATIVE FOR ANY COMPANY OR GROUP? _____

IF SO, GIVE NAME AND ADDRESS _____

REASON FOR DESIRING CHANGE _____

(USE BACK IF NECESSARY)

A MAP SHOWING ALL THE 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 1121.09 OF THE ZONING ORDINANCE OF THE CITY OF BELLEFONTAINE, OHIO.

SUBMITTED _____
DATE

PLANS SHOULD BE SUBMITTED, SHOWING THE NATURE OF 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 NOW ZONED _____

IT IS REQUESTED THAT THE ZONE BE CHANGED TO _____

PRESENTED TO PLANNING COMMISSION _____
DATE

FEE OF \$ _____ PAID.

SIGNATURE OF APPLICANT

OFFICE USE ONLY

PLANNING COMMISSION HEARING DATE _____

RECOMMENDATION TO COUNCIL _____

COUNCIL HEARING DATE _____

RESULTS _____