

PLANNING COMMISSION

APPLICATION FOR **CHANGE OF ZONE** IN THE
CITY OF BELLEFONTAINE

NAME OF APPLICANT _____ PHONE# _____

ADDRESS _____

ARE YOU ACTING IN THE CAPACITY OF AGENT OR REPRESENTATIVE FOR ANY COMPANY OR
GROUP? YES NO

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 1 ARTICLE 62, SECTION 62.010 OF THE ZONING
ORDINANCE OF THE CITY OF BELLEFONTAINE, OHIO, #2493.

SUBMITTED _____
DATE

PLANS SUBMITTED, IN DUPLICATE, 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.

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 _____