

REZONING APPLICATION



Springfield Township  
Clark County, OH  
2777 Springfield-Xenia Rd.  
Springfield, OH 45506  
Ph: 937-322-3459  
Fax: 937-322-9934

\* FOR OFFICE USE ONLY \*

Application # \_\_\_\_\_

Zoning Fee \$ \_\_\_\_\_

Fee Paid

8/3/2015

**A. APPLICANT INFORMATION**

Applicant must be the current owner of record of the property requested for rezoning, a lessee of the property requested for rezoning, or an agent who possesses "Power of Attorney" from the owner or lessee.

NAME \_\_\_\_\_ Phone Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

- The Applicant is  Current property owner  
 Lessee of the property (Include a copy of the lease for the property)  
 Agent (Include a copy of the "Power of Attorney" from the owner or lessee)

**B. CONTACT PERSON**

This is the person to respond to inquiries and receive all correspondence concerning the rezoning. If the Applicant noted above will serve as the contact person, write "SAME" in the place of the name below.

NAME \_\_\_\_\_ Phone Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**C. CURRENT STATUS OF THE PROPERTY TO BE REZONED**

Site Address \_\_\_\_\_

Permanent Parcel No \_\_\_\_\_ Acreage \_\_\_\_\_

Township \_\_\_\_\_

Current Use(s) \_\_\_\_\_

Are buildings or structures currently on the property?  Yes  No

If Yes, describe each \_\_\_\_\_  
\_\_\_\_\_

**D. REZONING REQUEST**

Area to be rezoned: \_\_\_\_\_ acres.

Rezoning includes \_\_\_\_ all, or \_\_\_\_ part, of the Parcel Number listed above.

\* If only part of said parcel is to be rezoned, a lot split including a new survey will be required.

Zoning Request FROM \_\_\_\_\_ Zoning District [the current zoning] TO \_\_\_\_\_ Zoning District [the proposed zoning]

Frontage of the rezoning parcel: \_\_\_\_\_ feet. Depth of the rezoning parcel \_\_\_\_\_ feet.

Proposed use of the parcel and reason for the rezoning request: \_\_\_\_\_

**E. ITEMS TO BE SUBMITTED WITH COMPLETED APPLICATION FORM**

**SITE MAP:** A Site Map identifying the property to be rezoned must be submitted. Note the location of existing structures with distances from lot lines and/or proposed zoning boundaries. Show existing and/or proposed access point(s) to a public road. Also show existing natural features of the site (such as creeks, ponds, drainage features, high and low spots) as well as any known easements.

**LEGAL DESCRIPTION:** As required, submit a surveyor’s written legal description of the area to be rezoned.

**FILING FEE:** A filing fee of (\$375 for Residential; \$500 for Commercial), which is non-refundable, must be paid before the Rezoning Application can be accepted. Make checks payable to “Springfield Township”. Said application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

**F. PROPOSED DEVELOPMENT** It is highly recommended that a preliminary plan and written narrative be submitted with the rezoning application showing what development is being proposed.

**G. APPLICANT CERTIFICATION**

I/We hereby submit this rezoning application and affirm that the information provided by myself and/or my agent is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this rezoning application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application.

\_\_\_\_\_  
Signature of Applicant Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Date Commission Expires