

FORM RZC-1 (application) FILED:\_\_\_\_\_

CASE NO.:\_\_\_\_\_

**DELAWARE COUNTY ZONING COMMISSION  
50 CHANNING STREET  
DELAWARE, OHIO 43015  
740-833-2220  
FAX 740-833-2199**

**APPLICATION FOR A ZONING AMENDMENT (To be filed by the Applicant)**

**Name of applicant** \_\_\_\_\_

**Mailing address** \_\_\_\_\_

**Phone with area code: Home** \_\_\_\_\_ **Business** \_\_\_\_\_

**FAX number** \_\_\_\_\_

**Location description: (if not located in a platted subdivision, attach legal description of property to this form)**

Property address if different than above: \_\_\_\_\_

Subdivision Name \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Block \_\_\_\_\_ Lot No. \_\_\_\_\_

**Existing use** \_\_\_\_\_

**Present zoning district classification** \_\_\_\_\_

**Proposed use** \_\_\_\_\_

**Proposed zoning district classification** \_\_\_\_\_

**Required supportive information:** Attach the following items to the application:

- a. A vicinity map showing property lines, streets, buildings and existing and proposed zoning, and the relationship of the subject property to the surrounding area.
- b. A list of all property owners and their current mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
- c. A statement indicating how the proposed rezoning relates to the *Delaware County Master Plan* recommended land use for the area proposed for rezoning.
- d. Fee paid as established in accordance with Section 31.01.
- e. Other information to support the proposed amendment as may be pertinent.

**The above statements and the statements contained in all of the exhibits transmitted herewith are true.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_