



OSNABURG TOWNSHIP GOVERNMENT

"Planning For Progress"

7115 Hillvale St. S.E.
East Canton, Ohio 44730
Phone: 330-488-0235
Fax: 330-488-1744

Application for Zoning Amendment

Application Number: _____

Applicant Name: _____ Title/Position: _____

Applicant Address: _____ Tel: (____) _____

Applicant Email Address: _____

Complete The Following for A Zoning District Change:

Property Owner(s): _____ Tel: (____) _____

Property Owners(s) Address: _____

Stark County Parcel Number: _____ Total Property Size: _____

Present Zoning District: _____ Present Use of Property: _____

Proposed Zoning District: _____ Proposed Use of Property: _____

Reason for Zoning Amendment: _____

Applicant Should Provide:

- 1) An accurate legal description of the property proposed for rezoning.
- 2) A map showing the property and all the properties within one thousand (1000) feet of this property.
- 3) A recent photograph of the property to be rezoned.
- 4) A list of all property owners with mailing addresses that are within, contiguous to and directly across the street from this property.
- 5) Any other information that may be deemed reasonably necessary by the Osnaburg Township Zoning Department.

Complete the following for a Zoning Text Amendment:

Reason(s) for Zoning Amendment _____

Requested Text Amendment _____

To the Osnaburg Township Zoning Commission and Township Trustees:

I hereby make application and request the Osnaburg Township Zoning Commission to consider and petition Osnaburg Township Trustees to amend the Zoning Resolution as herein after requested this _____ day of _____, 20_____

Applicant Signature: _____ Date ____/____/20__

Completed Application Received By: _____ Date Filed: ____/____/20__

Secretary of Osnaburg Zoning Commission: _____