

JACKSON TOWNSHIP ZONING DEPARTMENT
49 E. Walnut Street, Farmersville, OH 45325
Phone (937) 696-3010 Fax (937) 696-4402
www.jtwpmc.com

APPLICATION FOR CHANGE OF ZONING DISTRICT
Fee \$400.00: Payable to Jackson Township (Non-Refundable)

Office use only: _____	Fee Receipt No. _____
Date Filed: _____	Received by: _____
Date Filed with Montgomery County Planning Commission: _____	
Date Filed with Jackson Township Zoning Commission: _____	
Date Public Hearing: _____ Trustee Public Hearing: _____	

Applicant Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Being the owner (s) or lessee (s) of land located at _____

Parcel (s) _____

I. DESCRIPTION AND/OR LOCATION OF LAND (include tax maps)

1. The area of land to be reclassified contains approximately _____ acres of land.

Having a frontage of approximately _____ feet located **(1)** along the

_____ side of _____ approximately _____

Feet _____ of _____

Or **(2)** at the _____ corner of intersection of _____

and _____.

2. The area of land for consideration if further described on MICRO# _____

Section _____ Town _____ Range _____.

_____ Township, Montgomery County, Ohio.

3. Lot # (s) _____ and recorded plat name _____,

If in a recorded plat. Permitted uses within the proposed zoning district classification (*will*), (*will not*)

Violate plat covenants.

(The attachment of copy of the legal discretion of the land to be reclassified will be appreciated)

II. REASON FOR NEED TO RECLASSIFY

The applicant shall prepare a definitive statement on how his/her zoning change will fulfill each of these particular requirements:

1. Explain the proposed use of the land if reclassified. *(Type of use, proposed improvements, sketches of new building, Survey, and other material pertinent to the reclassification.)*

(attach if more room is needed)

2. How does the proposed reclassification and subsequent development relate to the existing and future land use character of the neighborhood?

Any addition information you feel would be pertinent to this request:

AFFIDAVIT

Before completing this application and executing the following affidavit, it is recommended that this application be discussed with the *Staff of Jackson Township Zoning Department*.

APPLICANT'S AFFIDAVIT

**STATE OF OHIO
COUNTY OF MONTGOMERY**

I (WE) _____

Being duly sworn, depose and say that I am/we are the applicant in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly to the best of my/our ability present the arguments in behalf of the application herewith submitted and that the statements and attached exhibits above referred to are in all respects true and correct to the best of my/our knowledge and belief.

Signature

Signature

Mailing Address

Phone Number

Subscribed and sworn to before me this _____ day of _____ 200_____

Notary Public

My Commission expires: _____

Person to be contacted for details, if other than above signatory:

Name (Agent)

Address

Phone Number