



APPLICATION # _____

ZONING COMMISSION CASE # _____

APPLICATION FOR ZONING AMENDMENT

The undersigned individual(s) being the owner(s) of or being an agent bearing written authorization of the owner(s) of the following described property hereby request the consideration of an amendment to the Painesville Township Zoning Resolution text or an amendment to the Painesville Township Zoning Map as specified below:

Name of **Property**

Owner(s): _____

Mailing Address: _____

Telephone Number: () _____ () _____ () _____
Home Business Cell

Name of **Applicant(s):** _____

Mailing Address: _____

Telephone Number: () _____ () _____ () _____
Home Business Cell

A. Use this section for a change in zoning district for a parcel(s) of land. [] YES or [] NO (Check one)

Location

Description:

Permanent Parcel # _____

Permanent Parcel # _____

Address: _____

Address: _____

Acreage Parcel A: _____

Acreage Parcel B: _____

Existing Use: _____

Existing Use: _____

Proposed Use: _____

Proposed Use: _____

Present Zoning District: _____

Present Zoning District: _____

Proposed Zoning District: _____

Proposed Zoning District: _____

B. Use this section to apply for amendment to Zoning Resolution text. [] YES or [] NO (Check One)

Zoning Resolution Section numbers(s) requested to be amended _____

Proposed new text (Attach additional sheets if necessary) _____

Supporting Information: Submit one copy of signed application along with required application fee. In addition, submit 10 packages of documents from the following list, items a-e. [Original documents larger than 11x17 size must also be submitted in digital PDF format]:

- a. Legal description of property
- b. A vicinity map showing property lines, streets and existing and proposed zoning
- c. The proposed amendment to the zoning text and/or map
- d. List of contiguous properties including those properties directly across the street with names of property owners and current tax mailing addresses
- e. A narrative justifying the proposed zoning change
- f. Fee paid as established per Resolution:
\$ _____

Signature of Property Owner _____

Printed Name _____ Date _____

Signature of Applicant _____

Printed Name _____ Date _____

******* For Official Use Only - Painesville Township Zoning Commission *******

Date Filed: _____ Fee Pd : _____ Check # _____ / Cash

Date of Public Hearing: _____

Notice Sent To Newspaper: _____ Date Published : _____

Date of Notice to Adjacent Property Owner(s): _____

Recommendation of Lake County Planning Commission: Approve _____ Disapprove _____ Modify _____

Any Modification Recommended _____

Recommendation of Zoning Commission: Approve _____ Disapprove _____ Modify _____

Any Modification Recommended _____



APPLICATION # _____

ZONING COMMISSION CASE # _____

If disapproval is recommended, list concerns: _____

Zoning Commission Chairman: _____ Date _____

Zoning Commission Secretary _____ Date _____

******* For Official Use Only - Painesville Township Board of Trustees *******

Date Recommendation Received: _____ Date Filed: _____

Date of Public Hearing: _____

Date Notice Published in Newspaper: _____

Date Public Hearing Closed: _____

Date of Trustees' Final Decision: _____

Action by Board of Trustees: Approve _____ Disapprove _____ Modify _____

Any modification adopted _____

If denied, reason for denial: _____

If approved, Board Of Trustees Resolution # _____

Date: _____

Fiscal Officer: _____