

APPLICATION FOR A ZONING CHANGE

Spencer Township, Lucas County, Ohio

Property Address: _____

Parcel Number: _____ Assessor Number: _____

Occupant: _____

Present Zoning Classification: _____ Proposed Zoning: _____

Proposed Use: _____

Applicant/Agent: _____ Phone #: _____

Address: _____

Property Owner: _____ Phone #: _____

Address: _____

Legal Description of Subject Property (or attach copy): _____

The undersigned state(s) that this Application is true, accurate and complete with all required documentation. Spencer Township relies on the completeness, relevancy, and accuracy of the Zoning Change Application. Any omission from, or misrepresentation in, the Application, Exhibits and data shall be the basis for the Board to void any Zoning Change approval. All provisions of the Spencer Township Zoning Resolution shall apply to all Applications.

Signature of Applicant(s): _____ Date: _____

Signature of Owner(s): _____ Date: _____

Office Use Only

ZG _____ Rec'd By _____ Date Received _____

Fee \$ _____ Cash Check # _____ Receipt # _____

TD (date) _____ Approved Denied Conditions/Reasons (attach)

PC66 (mail date) _____ AO (mail date) _____