



*Village of Jefferson*

27 EAST JEFFERSON STREET  
JEFFERSON, OHIO 44047  
PHONE (440) 576-3941  
FAX (440) 576-5548

PLANNING COMMISSION  
APPLICATION FOR ZONING DISTRICT CHANGE

NOTE: Application must be made in the name of and be signed by the property owner or lessee of the property to be rezoned.

Date: \_\_\_\_\_ Application No. \_\_\_\_\_

The undersigned, owner of the following described property, hereby requests the consideration of change in the zoning district classification as specified below.

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

Locational Description: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Street No. \_\_\_\_\_ Street Name: \_\_\_\_\_

Sublot No. \_\_\_\_\_

Existing Use: \_\_\_\_\_

Present Zoning District: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Proposed Zoning District: \_\_\_\_\_

Supporting Information

Attach the following items to the application

- (a) A vicinity map showing property lines, streets, and existing and proposed zoning districts.
- (b) A list of property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezoning.
- (c) Any information in regard to having the area rezoned.
- (d) Fee as established according to Ordinance 1301 Section 11.
- (e) Plot plan.