



10104 Brewster Lane, Suite 125, Powell, OH 43065
 Zoning Office 740-938-2010 Fax 740-938-2001
 www.libertytp.org

**APPLICATION FOR AMENDMENT OF ZONING MAP
 TO
PLANNED COMMERCIAL DISTRICT
 (PC)**

FILE #LTZ-_____ DATE:_____

FEES: _____ RECEIPT # _____

OPTION A _____ OPTION B _____
 (Please check one)

PROPERTY PROPOSED TO BE REZONED	ADDRESS: _____ _____ PARCEL ID #s: _____ _____ TOTAL ACREAGE: _____ ACREAGE TO BE REZONED: _____ CURRENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT: _____ CURRENT USE: _____ PROPOSED USE: _____ RANGE: <u>19</u> TOWNSHIP: _____ SECTION: _____ FARM LOT(S)#: _____
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CURRENT PROPERTY OWNER(S)	NAME: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ TELEPHONE: _____ EMAIL ADDRESS: _____
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SIGNATURES	<p>The undersigned certifies that this application (both sides) and the attachments thereto contain all information required by the Liberty Township Zoning Resolution, that all information contained herein is true and accurate and is submitted to induce the requested zoning change, and agrees to be bound by the provisions of the Zoning Resolution of Liberty Township, Delaware County, OH. The undersigned also gives Liberty Township permission to place signage on subject property to announce hearings.</p> <p>PROPERTY OWNER(S): _____ DATE: _____</p> <p>PROPERTY OWNER(S): _____ DATE: _____</p> <p>DEVELOPER: _____ DATE: _____</p>
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RECEIVED BY: _____ DATE: _____

The Liberty Township Zoning Resolution and Comprehensive Plan are available for review at the Zoning Office or you may download them from the Township's website: www.libertytp.org

Note: The initial application fee covers two (2) Zoning Commission hearings. If additional hearings are requested by the applicant, additional fees will be charged in accordance with the adopted fee schedule, and are payable before the next hearing will be scheduled.

PLEASE COMPLETE BOTH SIDES

SUBMITTAL REQUIREMENTS	<p>Fees AND one(1) completed original application form AND the following arranged into ten (10) packets:</p> <ol style="list-style-type: none"> 1) Legal description of subject property in both text and map form 2) List of all owners of property within, contiguous to, directly across the street from, and within two hundred feet (200') of the perimeter boundaries of such area proposed to be rezoned, and their current mailing addresses. 3) ALL required documents as set forth in Article 15 of the Liberty Township Zoning Resolution as well as the applicable sections in Article 7. 4) All drawings/plans must be measureable to the scale as listed on the document. 5) Any other supporting documentation in regard to this application.
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COMPLIANCE WITH ZONING RESOLUTION AND COMPREHENSIVE PLAN	<p>How do you believe your application meets both the Liberty Township Zoning Resolution (code) and the Comprehensive Plan?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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DEVELOPER INFORMATION	<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY/STATE/ZIP: _____</p> <p>TELEPHONE: _____</p> <p>EMAIL ADDRESS: _____</p>
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CONTACT INFORMATION	<p>The Liberty Township Zoning Secretary will contact you or your designated representative in order to schedule your hearing. Please provide the following information:</p> <p>Contact Person: _____</p> <p>Email Address: _____</p> <p>Telephone: _____</p> <p>Mailing Address: _____</p> <hr/>
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Please make sure all requested information is provided. **Incomplete applications will not be accepted.**