



**LIBERTY**  
TOWNSHIP \* FOUNDED 1808

2845 Home Rd., Powell, OH 43065  
Zoning Office 740-938-2010 Fax 740-938-2001  
www.libertywp.org

APPLICATION FOR AMENDMENT OF ZONING MAP  
TO  
**PLANNED MULTI-FAMILY RESIDENCE  
DISTRICT (PMFR)**

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: 19 TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_ FARM LOT(S)#: \_\_\_\_\_

CURRENT PROPERTY  
OWNER(S)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURES

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.

PROPERTY OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY OWNER(S): \_\_\_\_\_ DATE: \_\_\_\_\_

DEVELOPER: \_\_\_\_\_ DATE: \_\_\_\_\_

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.libertywp.org](http://www.libertywp.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 <b>original application</b> form AND the following arranged into ten (10) packets:</p> <ol style="list-style-type: none"> <li>1) Legal description of subject property in both text and map form</li> <li>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.</li> <li>3) <b>ALL</b> required documents as set forth in <b>Article 11</b> of the Liberty Township Zoning Resolution as well as the applicable sections in <b>Article 7</b>.</li> <li>4) All drawings/plans must be measureable to the scale as listed on the document.</li> <li>5) Any other supporting documentation in regard to this application.</li> </ol>
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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/>
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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.**