



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

PLANNED OVERLAY DISTRICT

DEVELOPMENT PLAN APPROVAL

FILE #POD- _____ DATE: _____

FEES: _____ RECEIPT # _____

SUBJECT PROPERTY

ADDRESS: _____

PARCEL ID #s: _____

TOTAL ACREAGE: _____ ACREAGE TO BE DEVELOPED: _____

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.libertytwp.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.

SUBMITTAL
REQUIREMENTS

Fees AND one(1) completed **original application** form AND the following arranged into ten (10) packets:

- 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 18** 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.

DEVELOPER
INFORMATION

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
EMAIL ADDRESS: _____

CONTACT
INFORMATION

The Liberty Township Zoning Secretary will contact you or your designated representative in order to schedule your hearing. Please provide the following information:

Contact Person: _____
Email Address: _____
Telephone: _____
Mailing Address: _____

Please make sure all requested information is provided. **Incomplete applications will not be accepted.**