

ZC Application No.: \_\_\_\_\_

## ZONING DISTRICT CHANGES AND AMENDMENTS

### Submittal Requirements:

- o **Legal description of the property** 740-474-5826 Pickaway County Recorder or <http://pickaway.iviewauditor.com>;
- o **Detailed drawing** to scale indicating the property lines, streets, and existing structures;
- o **Copy of property survey** within 5 years of date of this application. Survey pins older than 5 years must be located to be considered valid. Call (740-474-5826 Pickaway County Recorder);
- o **A list of the property owners** within 200 feet, contiguous to, and directly across the street from the parcel proposed to be rezoned as appearing on the Pickaway County Auditor's current tax list (740-474-4765 or [www.pickaway.iviewauditor.com](http://www.pickaway.iviewauditor.com) , names and mailing addresses only)
- o **Approval letter from Pickaway County Health Department** for the proposed method of water supply and disposal if proposed lots will not be served by public water and sewer;
- o **Authorization for Owner's Representative** completed and notarized if applicant is not property owner;
- o **Supporting documentation** as required by Zoning Inspector to support conformance and enforcement of the Zoning Resolution;
- o **Application filing fee** payable to Scioto Township (See adopted fee schedule);
- o **Ten (10) copies** of all submitted materials in addition to the original.

Indicate type of application: **District Change**  or **Text Amendment**

### Owner/Applicant Information

Note: In order to initiate text amendments you must own or lease land within the area proposed to be changed or affected by the said amendment.

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**Property Owner(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Property Owner(s):** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Note: All property owners must sign application; if more than two property owners, then attach additional information to application.

**Applicant:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Check here if Authorization for Owner's Applicant or Representative is attached and indicate the primary contact for this application.

**Subject Property**

Complete Address: \_\_\_\_\_  
Present Use: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_  
Parcel(s) ID: \_\_\_\_\_ Road Frontage: \_\_\_\_\_  
Acreage: \_\_\_\_\_

**Description of the request:** \_\_\_\_\_  
\_\_\_\_\_ **R**

**Reason for the request:** \_\_\_\_\_  
\_\_\_\_\_

**How will the proposed amendment impact adjacent and proximate properties?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Text Amendments, please answer the following questions:*

**List specific sections of the Zoning Resolution that are proposed for amendment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give a brief description of the purpose of the amendments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this application below, I hereby certify that all information contained herein is true and accurate.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Applicant's Name Printed: \_\_\_\_\_

**To be completed by the Scioto Township staff**

Date Application Received: \_\_\_\_\_ Accepted & Received By: \_\_\_\_\_  
Application Fee: \_\_\_\_\_ Fee Accepted By: \_\_\_\_\_  
Pickaway Co. PC Hearing Date: \_\_\_\_\_ Recommendation:  Approved  Denied

\_\_\_\_\_

Date of Notice in Newspaper of General Circulation: \_\_\_\_\_  
Date of Notice to Parties in Interest: \_\_\_\_\_  
ZC Hearing Date: \_\_\_\_\_ Recommendation:  Approved  Denied  
Attest:  
\_\_\_\_\_  
Secretary

Trustee Hearing Date: \_\_\_\_\_ Decision:  Approved  Denied  
Effective Date: \_\_\_\_\_  
Attest:  
\_\_\_\_\_  
Chairman of the Board of Trustees

**AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S):** This section must be completed and notarized if the applicant is not the property owner.

I \_\_\_\_\_, the owner, hereby authorize \_\_\_\_\_ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the request. I agree to be bound by all representations and agreements made by the designated representative.  
\_\_\_\_\_  
Signature of current property owner: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
State of \_\_\_\_\_  
County of \_\_\_\_\_ Notary Public \_\_\_\_\_