



Division of Building and Zoning

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APPLICATION FOR REZONING

TO THE HEATH CITY COUNCIL, LICKING COUNTY, OHIO:

The undersigned, who is whole owner, part owner, or lessee of the property in question, hereby applies for a zoning change for said property, and does also attest to the truth and correctness of all facts and information in this application.

TO THE APPLICANT:

PLEASE SUBMIT THE FOLLOWING INFORMATION IN TRIPLICATE TO THE HEATH ZONING DEPARTMENT IN ORDER TO COMPLETE YOUR APPLICATION FOR REZONING.

- * Map drawn to scale of not less than 100' to the inch showing the land in question, its dimensions, and location of each boundary thereof and the location of existing use of all buildings and the principle use of all properties within 300' of such land.
- * An approved Deed or Plat Description.
- * List of property owners and addresses of all properties lying within 300' of the exterior boundaries of the premises the zoning classification of which is proposed to be changed.

PLEASE FILL OUT THE FOLLOWING INFORMATION:

Applicant Name*: _____ Phone Number: _____

Home Address: _____

** Please provide the name of the whole owner, part owner, or lessee of the property for which this rezoning application applies.*

Agent Name*: _____ Phone Number: _____

Business Address: _____

** Please provide the name of the person representing the whole owner, part owner, or lessee, if applicable.*

PROPERTY INFORMATION (Property to be rezoned):

Address: _____

Current Zoning: _____ Requested Zoning: _____

Current Use of Property (brief description):

Proposed Principal Use of Property (brief description):

A LEGAL DESCRIPTION OF THE PROPERTY WAS OBTAINED FROM THE FOLLOWING ENGINEER/SURVEYOR:

Name: _____ Phone Number: _____

Address: _____ Registration #: _____

Signature of the whole owner, part owner, or lessee of the property.

A MINIMUM FEE OF \$100.00 IS REQUIRED TO COVER THE COST OF NEWSPAPER ADVERTISING, PRINTING, AND MAILING OF LETTERS TO LAND OWNERS AND OTHER RELATED EXPENSES.

Do not write below this line - OFFICE USE ONLY

Fees Paid (\$100.00): _____ Date Fees Paid: _____ Application #: _____ Date Submitted: _____