

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 pro-	perty for which this rezoning application applies.
Agent Name*:	Phone Number:
Business Address:	
* Please provide the name of the person representing the whole owner, part ov	vner, or lessee, if applicable.
PROPERTY INFORMATION (Property to be rezoned):	
Address:	
Current Zoning:	
Current Use of Property (brief description):	
Proposed Principal Use of Property (brief description):	
A LEGAL DESCRIPTION OF THE PROPERTY WAS OBTAINED F	
Name:	
Signature of the whole owner, part owner, or lessee of the property.	
Do not write below this line - OFFICE USE ONLY	
Fees Paid: \$ Date Fees Paid:	Application #:: Date Submitted: