

APPLICATION FOR DISTRICT CHANGE

MONROE TOWNSHIP, PICKAWAY COUNTY

Two (2) copies of this application must be filed with the Monroe Township Zoning Inspector

Date

Name of property owner _____
Address _____

Telephone (Day) _____ (evening) _____

Applicant (if different from property owner) _____
Address _____

Telephone (Day) _____ (evening) _____

location of property _____
Parcel Number _____

Existing Zoning District _____
Proposed Zoning District _____

Describe the Specific Proposal for the Property that necessitates a District change

ATTACHMENTS

The following material must be attached to each copy of this form.

1. A map or drawing of the property showing dimensions of the lot (including frontage) the location of all structures (existing and proposed) distances to property lines,
2. Legal description of the property (a survey may be required).
3. Names of all property owners within 500 feet , contiguous to, and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list. This information must be provided for consideration of change.
4. A narrative statement explaining how the proposed zoning change will affect adjacent and proximate property's.

I certify that all information provided in this application is true and correct

Applicant

Date

APPLICATION FOR CONDITIONAL USE

MONROE TOWNSHIP, PICKAWAY COUNTY

Two (2) copies of this application must be filed with the Monroe Township Zoning Inspector

Date

Name of property owner _____
Address _____

Telephone (Day) _____ (evening) _____

Applicant (if different from property owner) _____
Address _____

Telephone (Day) _____ (evening) _____

location of property _____
Parcel Number _____

Existing Zoning District _____

Description of the Proposed Conditional Use

ATTACHMENTS

The following material must be attached to each copy of this form.

1. A map or drawing of the property showing dimensions of the lot (including frontage) the location of all structures (existing and proposed) distances to property lines,
2. Legal description of the property (a survey may be required).
3. Names of all property owners within 500 feet , contiguous to, and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list.
4. A narrative statement explaining the reasons why the variance should be granted, according to the criteria stated in section 9.03 of the Monroe Township Zoning Resolutions

I certify that all information provided in this application is true and correct

Applicant

Date

APPLICATION FOR HOME OCCUPATIONS /CONDITIONAL USE PERMIT MONROE TOWNSHIP, PICKAWAY COUNTY

Two (2) copies of this application must be filed with the Monroe Township Zoning Inspector

Date

Name of property owner _____

Address _____

Telephone (Day) _____ (evening) _____

Applicant (if different from property owner) _____

Address _____

Telephone (Day) _____ (evening) _____

location of property _____

Parcel Number _____

Existing Zoning District _____

Specific provisions of the Zoning Resolutions from which Variance is sought

ATTACHMENTS

The following material must be attached to each copy of this form.

1. A map or drawing of the property showing dimensions of the lot (including frontage) the location of all structures (existing and proposed) distances to property lines, and other information which would illustrate the facts related to the requested variance.
2. Legal description of the property (a survey may be required).
3. Names of all property owners within 500 feet , contiguous to, and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list.
4. A narrative statement explaining the reasons why the variance should be granted, according to the criteria stated in section 8.01 of the Monroe Township Zoning Resolutions

I certify that all information provided in this application is true and correct

Applicant

Date

APPLICATION FOR VARIANCE

MONROE TOWNSHIP, PICKAWAY COUNTY

Two (2) copies of this application must be filed with the Monroe Township Zoning Inspector

Date

Name of property owner _____

Address _____

Telephone (Day) _____ (evening) _____

Applicant (if different from property owner) _____

Address _____

Telephone (Day) _____ (evening) _____

location of property _____

Parcel Number _____

Existing Zoning District _____

Specific provisions of the Zoning Resolutions from which Variance is sought

ATTACHMENTS

The following material must be attached to each copy of this form.

1. A map or drawing of the property showing dimensions of the lot (including frontage) the location of all structures (existing and proposed) distances to property lines, and other information which would illustrate the facts related to the requested variance.
2. Legal description of the property (a survey may be required).
3. Names of all property owners within 500 feet , contiguous to, and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list.
4. A narrative statement explaining the reasons why the variance should be granted, according to the criteria stated in section 8.01 of the Monroe Township Zoning Resolutions

I certify that all information provided in this application is true and correct

Applicant

Date