

AMENDMENT APPLICATION

Application to the
STONELICK TOWNSHIP
ZONING COMMISSION
457 South Broadway
Owensville, Ohio 45160
(513) 732-3299

CASE #
Resolution #
(required if filed by Board of Trustees)
DATE

APPLICATIONS CONTAINING INCOMPLETE INFORMATION, DOCUMENTATION OR FEES MAY CAUSE THE SUBMISSION TO BE REJECTED OR RETURNED. PLEASE SUBMIT THREE (3) COPIES OF APPLICATION & ALL SUPPORTING DOCUMENTS.

I. APPLICANT INFORMATION TYPE OF AMENDMENT TEXT MAP (Check one)

A. Name\* Phone (Please Print) Mailing Address

\* Applicant must be the owner or lessee\*\* of the property (O.R.C. 519.12(A)). An original affidavit contained in Section V below must be executed and submitted by at least one owner or lessee\*\* of each parcel contained in this application. \*\* If lessee, attach terms of lease.

B. Contact Person Phone Company Relationship to Applicant Mailing Address

II. PROPERTY INFORMATION

Property location: (provide street address if assigned, if unknown, provide nearest street or vicinity)

Property's Clermont County Auditor's Parcel Identification Number(s):

Parcel # 1, Totaling Acres

Parcel # 2, Totaling Acres

Is the above property being considered for a zone change in its entirety?

Are any portions of this property located within an adjoining Township?

Property being considered consists of acres, situated along the (total) (north, south, east or west)

Side of approximately ft. (public roadway) (north, south, east or west) in Stonelick Township. (nearest intersecting roadway)

Applicant is required to provide a copy of most recent registered survey and date of acquisition. (date)

**III. AMENDMENT INFORMATION**

- A. If the amendment proposes to alter the text of the Zoning Resolution, describe the amendment and attach a typed copy of the text as it would appear in the resolution with the stricken language identified.
  
- B. If the amendment proposes to alter the Official Stonelick Township Zoning Map, list the property owner(s) name(s) as they appear on the County Auditor's current tax list, the property address and mailing address for each of the parcels involved, and the Auditor's tax parcel number.

Also attach the following:

- a. List of adjacent property owners (see attached form VI.)
- b. Copy of tax map identifying subject property highlighted.
- c. Legal description of property (see deed).
- d. Development plans denoting boundaries, buildings, roadways, waterways, parking areas, etc. **NOTE: A PUD Overlay District requires a Pre-Application Conference prior to application submittal as per Zoning Resolution, Article 18.8.A. Phone the Township office at 513-732-3299 for scheduling and/or appointment.**
- e. Application fee as established by the Township Trustees.

**IV. SUPPORTING INFORMATION**

- A. Existing Zoning District(s) \_\_\_\_\_  
Existing Land Use \_\_\_\_\_  
Proposed Zoning District(s) \_\_\_\_\_  
Proposed Land Use \_\_\_\_\_

- B. Explain how the proposed zoning of this property conforms to the recommendations of the Stonelick Township Growth Management Plan. If it does not conform, what physical, social, economic, and/or other changes have occurred that were not anticipated when the current Growth Management Plan was adopted on March 6, 2002. (Attach factual data to support the arguments).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. How is the proposed zoning district appropriate considering surrounding zoning and existing land use?

\_\_\_\_\_  
\_\_\_\_\_

**V. AFFIDAVIT**

I hereby depose and say that I have familiarized myself with the rules and regulations of the Stonelick Township Zoning Resolution with respect to preparing this application. I hereby certify that I have read the foregoing document and supplements attached thereto and that I have answered all questions fully, and to the best of my ability. I hereby attest to the truth and exactness of the information supplied herewith.

**APPLICANT\*** \_\_\_\_\_

**\* If the property is owned by a corporation or partnership, signatory must be an authorized officer or partner.**

**State of Ohio**

**County of** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
**Notary Public**

**My Commission expires on** \_\_\_\_\_

**VI. ADJACENT PROPERTY OWNERS**

The following are the individuals, entities, or corporations and their mailing addresses as they appear in the Clermont County Auditor’s tax list as owners of property adjacent to the subject property. **Adjacent property owners include those across streets and touching the property in any manner.**

Ref: <http://www.clermontauditorrealestate.org/> (Use additional sheets if necessary)

1. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

2. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

3. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

4. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

5. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

6. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

7. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

8. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

9. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

10. Name \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_