



P.O. Box 27
5192 Walnut Road, S.E.
Buckeye Lake, Ohio 43008

THE VILLAGE OF BUCKEYE LAKE

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Application # _____

Village of Buckeye Lake APPLICATION FOR REZONING

The undersigned applies for Zoning Change, said permit to be issued on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct.

Submission Requirements

1. 7 copies of a survey and legal description of the property certified by a registered surveyor.
 2. A list of all contiguous property owners and their mailing addresses provided on mailing labels.
 3. Application Fee and Change of Zoning Fee.
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1. **Address of property to be rezoned:** _____

Lot Number(s) _____ Section _____ Subdivision Name: _____

Township _____ County _____ District & Parcel #: _____ - _____

(If property is not located in a platted subdivision attach a legal description)

2. **Name of Property Owner:** _____

Property Owner's Mailing Address _____

Phone Numbers: (Home) _____ (Business) _____ (Cell) _____

3. **Name of Agent (if any):** _____

Address: _____ Phone #: (Business) _____ (Cell) _____

4. **Developer:** _____ **Phone:** _____

Contact Name: _____ **Title:** _____

Address: _____

5. **Present Use:** _____

6. **Proposed Use:** _____

7. **Present Zoning Classification:** _____ 8. **Requested Zoning Classification:** _____

9. **Total Acreage:** _____

Property owners signature: _____ **Date:** _____

(For Official Use Only)

Application Fee: (\$10.00) \$ _____
Change of Zoning Fee (\$150.00) \$ _____
Total Fee: \$ _____

Date Received: _____ **Received by:** _____ **Fee Paid:** _____ **Check #** _____

Scheduled Public Hearing Date: _____

In accordance with Article 8 of the Village of Buckeye Lake Zoning Ordinance, I hereby certify that this amendment as listed above, has been recommended for approval by the Village of Buckeye Lake Planning Commission on _____ . A copy of the minutes are attached. This application can now be forwarded to Village Council for Final Approval.

Zoning Inspectors Signature: _____ **Date:** _____