



Case No. \_\_\_\_\_

Date: \_\_\_\_\_

## ZONING CHANGE APPLICATION

### Map Amendment

Application Fee: \$150.00

By virtue of this application, the undersigned owner(s) hereby request a change in zoning district classification to the subject property as described below.

1. Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Owner's Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

3. Legal description of subject property: (City Lot #): \_\_\_\_\_

(Address): \_\_\_\_\_

4. Area to be rezoned \_\_\_\_\_ acres.

5. Existing zoning: \_\_\_\_\_ Proposed zoning: \_\_\_\_\_

6. Existing use: \_\_\_\_\_ Proposed use: \_\_\_\_\_

7. Purpose for Rezoning Request: \_\_\_\_\_

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

8. Supporting Information: The owner/agent must:

A. List all those persons (including current addresses) having an interest in the subject property whose consent is required to authorize the processing of this application.

Name (print)

Address

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

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

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

**Development / Planning / Inspection Departments**

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- B. Three (3) copies of a plan of the proposed site to be rezoned showing the location of all property lines, buildings, parking and loading areas, traffic access and traffic circulation, open spaces, landscaping, refuse and service areas, utilities, signs, yards, schedule of development, and such other information as may be required to determine if the proposed rezoning meets the intent and requirements of this ordinance. See Chapters 1294 and 1296 of the Zoning Ordinance of Miamisburg, Ohio regarding site design standards for certain uses within the City of Miamisburg.
- C. Attach a list of names and addresses of all property owners within 200 feet of the subject property.

The owner(s) and/or the owner's agent certify that the information contained herein, and any information provided as exhibits herewith, is correct. The owner(s) also by virtue of this request grants to those public officials/staff responsible for the review of this application, permission to inspect the subject property.

NOTE: The fee (\$150.00) for this application is not refundable.

**Signature of Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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**FOR OFFICE USE ONLY**

Fee: \_\_\_\_\_

Received by: \_\_\_\_\_