Application for Zoning Amendment
Village of McComb, Ohio

Application No. _____

- Property Owners and mailing addresses that are abutting, contiguous and directly across the street or alley from proposed rezoning area listed below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

- Description of the intended purpose after rezoning:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

. . . . . .

glike@villageofmccomb.com

Application for Zoning Amendment
Village of McComb, Ohio

Application No. _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant: _____
2. Mailing Address: _____
3. Home Phone: _____ Cell: _____ Business: _____
4. Subject Property Description: Subdivision Name: _____

   Subject Property Address: _____

   Lot(s) No.: _____
5. Existing Use: _____
6. Present Zoning District: _____
7. Proposed Use: _____
8. Proposed Zoning District: _____
9. Supporting Information: Attach the following items to this application for submission:

   a. A vicinity map showing property lines, streets and existing and proposed zoning (can be obtained at the Hancock County Auditors Office or the Hancock County Auditors website)
   b. **A list of all property owners and their mailing addresses within, abutting, contiguous and directly across the street or alley from proposed rezoning area**
      NOTE: COMPLIANCE WITH THIS REQUIREMENT IS EXTREMELY IMPORTANT. FAILURE TO NOTIFY ANY PROPERTY OWNER FALLING WITHIN THIS CRITERIA WILL POSSIBLY INVALIDATE THE REZONING ORDINANCE PASSED AS A RESULT OF THIS PETITION
   c. A description of proposed use after rezoning
   d. A non-refundable $50.00 application fee as established

_____

Signature of Applicant Date

****

Office Use Only

Fee Paid: Check No. _____ Cash: _____
Date Filed: _____ Date of Notice Posted: (30 days prior to Hearing) _____
Date of Notice to Adjacent Property Owners: (20 days prior to Hearing) _____
Date of Public Hearing: _____
Date Referred to Council: _____
Date of Readings by Council: First _____ Second _____ Third _____
Action by Council: _____ Ordinance No. _____

. . . . . .

glike@villageofmccomb.com