



**APPLICATION FOR ZONING AMENDMENT**  
**Board of Zoning Commission/Trustees**  
Marion Township  
Hancock County Ohio

Application No. \_\_\_\_\_

The undersigned owner of the following legally described property hereby request consideration of a change in zoning district classifications specified below, or a change in the text of the zoning resolution:

1. Name of Applicant: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Locational Description:

Address: \_\_\_\_\_

Section \_\_\_\_\_ Range \_\_\_\_\_

If not located in a recorded subdivision, attach legal description.

4. Existing Use: \_\_\_\_\_

5. Present Zoning District \_\_\_\_\_

6. Proposed Zoning District \_\_\_\_\_

Proposed Use \_\_\_\_\_

Email completed application to the Zoning Inspector ([contact info on website](#))

- 7. Supporting Information: Attach the following items to this Application:
  - a. A vicinity map showing property lines, streets, and existing and proposed zoning.
  - b. A list of all property owners that are contiguous to, and directly across the street from the proposed rezoning. The list needs to include the property owners' name(s), the parcel number, the legal description, and the volume number and the page number of the property.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

For Official Use Only

**Marion Township Zoning Commission**

Application No. \_\_\_\_\_ Last Name of Applicant \_\_\_\_\_

Date Filed \_\_\_\_\_ Date of Notice in Newspaper \_\_\_\_\_

Date of Notice to Adjoining Property Owners \_\_\_\_\_

Date of Zoning Commission Hearing \_\_\_\_\_ Fee Paid \_\_\_\_\_

Recommendation of Zoning Commission Hearing: Approval \_\_\_\_\_ Denial \_\_\_\_\_

Reason for Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Commission Chairman