

**APPLICATION FOR ZONING AMENDMENT  
ZONING COMMISSION, LICKING TOWNSHIP, OHIO**

The undersigned, owner(s) of the following legally described property hereby request the consideration of the Licking Township Zoning Commission for a text amendment or zoning map change as specified below.

Please check one  
Text Amendment \_\_\_\_\_ Go to Section A  
Zoning Map Change \_\_\_\_\_ Go to Section B

**PLEASE PRINT OR TYPE ALL INFORMATION**

Name of Applicant \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

**Section A: TEXT AMENDMENT CHANGE**

**\*\*Supporting Information— attach the following items to the application in triplicate form. \*\***

- 1) Text Amendment- a copy of the proposed text and the Article and/or Section numbers in the current zoning resolution that are to be amended by the proposed text attached hereto. (It is preferred to have the existing text with additions highlighted or in **bold** text, deletions identified by stricken text and notes identified by *italic* text)
  - A. Reason for the text amendment request.
  - B. Statement as to how the proposed text amendment complies with the Township Comprehensive Plan.
  - C. The issue (problem) the proposed text amendment is proposed to resolve.
  - D. Any other information that would provide the L.C.P.C staff and the Zoning Commission Board as to the issues involved, how the proposed amendment will address these issues and how the individual or board came to the conclusion that the proposed text amendment will resolve the issue. Please cite any references and/or research used to develop the proposed text and if possible include copies of said materials.

**Section B: ZONING MAP CHANGE**

Name of Property Owner(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Business \_\_\_\_\_

1. Location Description:

Subdivision Name or Address of Property

Section \_\_\_\_\_ Township Licking Block \_\_\_\_\_

Lot Number \_\_\_\_\_

(If not in platted subdivision attach a legal description of the area)

2. Existing Use of property:

\_\_\_\_\_

3. Current Zoning:

\_\_\_\_\_

4. Proposed Use:

\_\_\_\_\_

5. Proposed Zoning District:

\_\_\_\_\_

6. Map Amendment

\*\*Supporting Information— attach the following items to the application in triplicate form. \*\*

- A) A vicinity map showing property lines, streets, and existing and proposed zoning (*this may be obtained through the County Planning Commission or the County Engineers Office*)
- B) A list of all adjoining property owners with their complete mailing addresses in accordance with the Licking County Auditor's current tax list on mailing labels either in a typed format or in legible handwriting. This includes adjoining property owners on all four sides, including across road right-of-ways. ***PLEASE NOTE: Failure to accurately list all adjoining property owners will result in return of the zoning application for completion.***
- C) Current Tax Map of Area to be Rezoned (*this may be obtained from the Licking County Engineer Office or the County Planning Commission*)
- D) Survey and Legal of Area to be Rezoned if not entire parcel as shown on the current Tax Map.
- E) A statement of how the proposed rezoning complies with the Township Comprehensive Plan.
- F) A narrative of the proposed amendment to the zoning map.

\*Submittal of this application does not imply nor guarantee approval by the Licking Township Zoning Commission. Approval of any application will be determined by the Licking Township Zoning Commission and the Licking Township Trustees after careful consideration of the received information and completion of the legal process.

**\*\* It is highly recommended** by the Zoning Commission and the Board of Trustees that all questions and intentions for this application be discussed **only** with the Zoning Inspector, Joe Walker, at 404-4721 before submittal of this application; the Board also requests a representative for the applicant be present at the scheduled public hearing.

I certify that the information contained in this application and its supplements is true and correct.

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Applicant Signature

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Date

Below, list all adjoining property owners with their complete name and mailing addresses. This includes property owners on all four sides, including across road right-of-ways. \* As listed by the Licking County Auditors current tax list on mailing addresses either in typed format or in legible handwriting.

1. -----  
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2. -----  
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3. -----  
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4. -----  
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5. -----  
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6. -----  
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When complete, please return along with the hearing fee of \$275.00 (make check payable to Licking Township Trustees) to:

Keri M Cunningham  
Licking Township Zoning Clerk  
5991 Appleman Rd  
Newark, Ohio 43056  
(740) 644-0159