

APPLICATION FOR ZONING AMENDMENT  
MCKEAN TOWNSHIP, LICKING COUNTY

APPLICATION NUMBER \_\_\_\_\_

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. Phone number \_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

4. Location Description: Subdivision Name \_\_\_\_\_  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_  
Block \_\_\_\_\_ Lot No. \_\_\_\_\_  
(If not located in a subdivision attach a legal description)

5. Existing Use \_\_\_\_\_

6. Present Zoning District \_\_\_\_\_

7. Proposed Use \_\_\_\_\_

8. Proposed Zoning District \_\_\_\_\_

9. Supporting Information: Attach the following items to the application in duplicate:
- A. A vicinity map showing property lines, streets, and existing and proposed zoning
  - B. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed rezone.
  - C. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
  - D. The proposed amendment to the zoning map or text in resolution form, approved as to form by the Township Legal Advisor.
  - E. Fee as established according to Section 25.6 and 27.14

\_\_\_\_\_  
Signed by Applicant and Date