

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

CITY OF SPRINGBORO, OHIO

**Application to Amend Zoning Map**

1. Date of Application \_\_\_\_\_

2. Applicant Information

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (days) \_\_\_\_\_ (eves) \_\_\_\_\_

Fax (if available) \_\_\_\_\_

3. Applicant is (check one):

Property Owner

Owner's agent (attach document creating agency)

City Planning Commission

Other (Identify) \_\_\_\_\_

4. Provide an accurate and unambiguous description of all lots or parcels of land for which rezoning is requested below, or attach a separate sheet:

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5. Identify the existing and requested zoning for each such lot or parcel below, or attach a separate sheet:

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6. State below the reason(s) for each proposed rezoning(s), or attach a separate:

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7. What is the present use of the property for which rezoning is requested?

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8. What is the proposed use of the property for which rezoning is requested:

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9. Attach a list of names and addresses of the owners of each property, any part of which is within two hundred feet (200') of any part of a lot or parcel proposed to be rezoned, as currently listed on the tax records of the Treasurer of Warren County, Ohio.

10. Attach a vicinity map at a scale approved by the City Engineer, accurately showing all property lines of the lot(s) or parcel(s) proposed to be rezoned, all streets providing access, existing and proposed zoning and other relevant features as the City Engineer may require (8-1/2" x 11" page size is preferred).

11. Are the proposed rezoning and the proposed use entirely consistent with the City of Springboro Land Use Master Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No. If no, please identify each inconsistency below, and explain why you do not believe the Master Plan should be followed as to these inconsistencies. (Attach additional sheets if necessary):

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**Applicant's certification: I hereby certify that the information provided above and within any attachments hereto is true and accurate, to the best of my information and belief. I hereby request the City Planning Commission and City Council to consider this request in accord with applicable laws and officially adopted community plans.**

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Name of Applicant (please print)

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Date

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Authorizing Signature