

Case Number: _____

Date Filed: _____

**GENOA TOWNSHIP
APPLICATION FOR AMENDMENT OF ZONING MAP**

Name of Owner: _____

Mailing Address: _____

City: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Address of Property: _____

City: _____ Zip: _____

Range: _____ Twp: _____ Section: _____ Farm Lot: _____

Subdivision Name: _____

Inlot Number: _____ Acreage: _____ Present Zoning District: _____

Present Use: _____ Requested Zoning District: _____

Proposed Uses: _____

The undersigned certifies that this application and the attachments thereto contain all information required by the zoning resolution and that all information contained herein is true and accurate and is submitted to induce the amendment of the zoning map. Applicant agrees to be bound by the provisions of the zoning resolution of Genoa Township, Delaware County, Ohio.

Date Printed Name Signature

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Date of Hearing by Zoning Commission _____ Date of Decision _____

Recommendation: Approve deny

Vote: Aye _____ Nay _____ Abstain _____

Date of Trustee Hearing _____ Date of Decision _____

Decision: Approval of Recommendation: Aye _____ Nay _____ Abstain _____

Denial of Recommendation: Aye _____ Nay _____ Abstain _____