ZC	APPLICATION FOR ZONE CHANGE	City of Sharonville Department of Building, Zoning & Planning 10900 Reading Road Sharonville, OH 45241 (513) 563-0033 Phone (513) 563-0617 Fax

1. APPLICANT:	2. CORRESPONDENCE DIRECTED TO:
NAME	NAME
FIRM	FIRM
ADDRESS	ADDRESS
CITY	CITY
STATE/ZIP	STATE/ZIP
TELEPHONE	TELEPHONE
FAX	FAX

3. OWNER:	4. PROPOSED ZONE CHANGE FOR:
NAME	_____ACRES, FROM_____TO_____
ADDRESS	_____ACRES, FROM_____TO_____
CITY	_____ACRES, FROM_____TO_____
STATE/ZIP	_____ACRES, FROM_____TO_____
TELEPHONE	_____ACRES, FROM_____TO_____

5. LOCATION OF PROPERTY:
LOT NO. _____OF _____SUBDIVISION, BLOCK _____, SECTION_____, PART_____
ON THE N S E W OF _____ APPROX. _____FT. N S E W OF _____

6. IF THE APPLICANT IS NOT THE OWNER, DESCRIBE THE NATURE OF APPLICANT'S INTEREST IN PROPERTY: _____
_____
_____
_____

7. CAREFULLY READ THE FOLLOWING SIGN AND DATE BELOW:
I CERTIFY THAT THE INFORMATION AND STATEMENTS GIVEN ON THIS APPLICATION AND ATTACHED DRAWING AND/OR SPECIFICATIONS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

APPLICATION BY: _____ _____ _____
SIGNATURE TITLE DATE

PROCEDURE FOR ZONE CHANGE:

Any petition to change the zone classifications of an area of the City shall be filed with Council, together with the following:

(a) A description by metes and bounds of the property to be rezoned, approved by the City Engineer;

(b) A certificate of a reputable, practicing attorney or a registered surveyor or registered engineer, in Hamilton County, certifying that the description of the property to be rezoned is a complete, proper and legal description thereof;

(c) A copy of the page or pages of the County Auditor's plats showing the general location of the area under consideration with reference to the neighboring territory. The plat shall show at least 200 feet in each direction beyond the area proposed for rezoning;

(d) A list of the owners of all property in the area including contiguous properties and property across the street proposed for rezoning, together with their residence addresses; and

(e) A fee as established by Council for this purpose. (Ord. 82-61. Passed 1-11-83.)

FEE COMPUTATION:

Residential Fee - $250 (non refundable) **Commercial - $500 (non refundable)**

Effective March 1, 2011 – Ordinance 2010 -61

List the names and addresses of the applicant and all property owners as found in the Real Estate Department of the Hamilton County Auditor's Office in the area including contiguous properties and property across the street proposed for rezoning, together with their residence addresses or as directed by the Board.

AUDITOR'S PARCEL NO.			PROPERTY STREET ADDRESS		Owners of record as found in the Real Estate Department of the Hamilton County Auditor's Office	
BOOK	PAGE	PARCEL			Property Owner's Name	Property Owner's Mailing Address

APPLICANT INFORMATION →		
OWNER IF DIFFERENT FROM APPLICANT →		

DO NOT WRITE IN THIS SPACE - OFFICIAL USE ONLY	APPLICANT MUST CERTIFY THE FOLLOWING STATEMENT
I certify that the above were sent copies of the attached notice	I certify that the above names and addresses are those of the applicant and owners of all abutting properties and all properties within 300 feet of the parcel in question as found in the Hamilton County Auditor's Office
Signature Date Signed	Applicant's Signature Date Signed