

**APPLICATION FOR ZONE MAP AMENDMENT
COLERAIN TOWNSHIP ZONING COMMISSION
4200 SPRINGDALE ROAD
CINCINNATI, OH 45251**

Case No.: **ZA** _____ Date Filed: _____

Date of Preliminary Hearing (if applicable): _____

Request Change from: _____ to: _____

Township: **Colerain** Book: **510** Page: _____ Parcels: _____

Physical location of property (address or brief description if no address assigned):

Name of Applicant: _____

Telephone No.: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

*Name of Owner(s): _____

Telephone No.: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Name, address and parcel number of each property owner of record within the proposed amendment area:

1. _____

2. _____

3. _____

(attach separate sheet if necessary for additional parcels)

Signatures:

Applicant: _____ **Date:** _____

***Owner:** _____ **Date:** _____

***Owner:** _____ **Date:** _____

Filing fees shall accompany the application. Make check payable to: *Colerain Township Board of Trustees*.

Filing fee: _____ **Legal notices:** _____ **Cert. Mail:** _____ **TOTAL:** _____

THERE SHALL BE NO REFUND OR PART THEREOF ONCE PUBLIC NOTICE HAS BEEN GIVEN.

*Although the Applicant need not be the same as the Owner(s), the Owner(s) shall co-sign for an amendment.