Application for Township Zoning Amendment
Lexington Township Zoning Commission

Note: This request must be typewritten and filed with the clerk of the township zoning commission.

Date: _____

Property Owner(s) / Tenant(s): (please circle)

Name: _____

Address: _____

_____

Phone: _____

Application(s) or Agent:

Name: _____

Address: _____

_____

Phone: _____

To the Township Zoning Commission and Board of Township Trustees:

I hereby make application on behalf of the above listed owner(s) or tenant(s) and request the township zoning commission to consider and petition township trustees to amend the zoning resolution as hereinafter requested this _____ day of _____, year of _____.

Premises affected _____, parcel no. _____,
(address)
_____ quarter, _____ section, Lexington Township in Stark County, Ohio.

Note: An accurate legal description of the property proposed for rezoning must be submitted with this application.

From: _____ To: _____
(Existing Zoning District) (Zoning District Requested)

For the following reason(s): _____

_____

_____

_____

Filing Fee: $_____
Notification Fee: $_____
Total: $_____

_____ _____
Signature of Property Owner Signature of Applicant or Agent

Completed Application Received By: _____

Date: _____ _____
Secretary, Zoning Commission