

Application for Zoning Amendment
Village of McComb, Ohio

Application No. _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant: _____
2. Mailing Address: _____
3. Home Phone: _____ Cell: _____ Business: _____
4. Subject Property Description: _____ Subdivision Name: _____
Subject Property Address: _____
Lot(s) No.: _____
5. Existing Use: _____
6. Present Zoning District: _____
7. Proposed Use: _____
8. Proposed Zoning District: _____
9. Supporting Information: Attach the following items to this application for submission:
 - a. A vicinity map showing property lines, streets and existing and proposed zoning (can be obtained at the Hancock County Auditors Office or the Hancock County Auditors website)
 - b. **A list of all property owners and their mailing addresses within, abutting, contiguous and directly across the street or alley from proposed rezoning area**
NOTE: COMPLIANCE WITH THIS REQUIREMENT IS EXTREMELY IMPORTANT. FAILURE TO NOTIFY ANY PROPERTY OWNER FALLING WITHIN THIS CRITERIA WILL POSSIBLY INVALIDATE THE REZONING ORDINANCE PASSED AS A RESULT OF THIS PETITION
 - c. A description of proposed use after rezoning
 - d. A non-refundable \$50.00 application fee as established

Signature of Applicant

Date

Office Use Only

Fee Paid: Check No. _____ Cash: _____

Date Filed: _____ Date of Notice Posted: (30 days prior to Hearing) _____

Date of Notice to Adjacent Property Owners: (20 days prior to Hearing) _____

Date of Public Hearing: _____

Date Referred to Council: _____

Date of Readings by Council: First _____ Second _____ Third _____

Action by Council: _____ Ordinance No. _____

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