

AMENDMENT APPLICATION

Application to the
Stonelick Township Zoning Commission
PO Box 37 • Owensville, OH 45160
513-732-3299 info@stonelicktwp.org

CASE #: _____
Resolution #: _____
**Required if filed by Board of Trustees*
DATE: _____

- Applications containing incomplete information, documentation, or fees may cause the submission to be rejected or returned.
- Please submit 3 copies of application and all supporting documents.

I. APPLICANT INFORMATION

Type of Amendment: Text Map

Name*: _____ Phone: _____
Mailing Address: _____

*Applicant must be the owner or lessee** of the property (ORC 519.12(A)). An original affidavit contained in Section 5 below must be executed and submitted by as least one owner or lessee of each parcel contained in this application. **If lessee, attach terms of lease.

Contact Person: _____ Phone: _____
Company: _____
Relationship to Applicant: _____
Mailing Address: _____

II. PROPERTY INFORMATION

Property Location: _____

Provide street address if assigned, if unknown, provide nearest street or vicinity.

Property's Clermont County Auditor's Parcel Identification Number(s):

Parcel #1: _____; Totaling _____ Acres

Parcel #2: _____; Totaling _____ Acres

Is the above property being considered for a zone change in its entirety?

Yes No

Are any portions of this property located within an adjoining township?

Yes No

Property being considered consists of _____ total acres, situated along the

North; South; East; West side of:

name of public roadway _____ approximately _____ feet

North; South; East; West of:

nearest intersection roadway _____ in Stonelick Township.

The applicant is required to provide a copy of the most recent registered survey and date of acquisition (date) _____.

III. AMENDMENT INFORMATION

- A. If the amendment proposes to alter the text of the Zoning Resolution, describe the amendment and attach a typed copy of the text as it would appear in the resolution with the stricken language identified.
- B. If the amendment proposes to alter the Official Stonelick Township Zoning Map, list the property owner(s) name(s) as they appear on the County Auditor's current tax list, the property address and mailing address for each of the parcels involved, and the Auditor's tax parcel number.

Also attach the following:

- a. List of adjacent property owners (see attached form VI).
- b. Copy of tax map identifying subject property highlighted.
- c. Legal description of property (see deed).
- d. Development plans denoting boundaries, buildings, roadways, waterways, parking areas, etc. **NOTE: A PUD Overlay District requires a Pre-Application Conference prior to application submission as per Zoning Resolution, Article 18.8.A. Phone the Township office (513-732-3299) for scheduling and/or an appointment.**
- e. Application fee as established by the Township Trustees.

IV. SUPPORTING INFORMATION

- A. Existing Zoning District(s): _____
Existing Land Use: _____
Proposed Zoning District(s): _____
Proposed Land Use: _____

- B. Explain how the proposed zoning of this property conforms to the recommendations of the Stonelick Township Growth Management Plan. If it does not conform, what physical, social, economic, and/or other changes have occurred that were not anticipated when the Growth Management Plan was adopted on March 6, 2002. (Attach factual data to support the arguments.)

- C. How is the proposed zoning district appropriate considering surrounding zoning and existing land use?

V. AFFIDAVIT

I hereby depose and say that I have familiarized myself with the rules and regulations of the Stonelick Township Zoning Resolution with respect to preparing this application. I hereby certify that I have read the foregoing document and supplements attached thereto and that I have answered all questions fully and to the best of my ability. I hereby attest to the truth and exactness of the information supplied herewith.

Applicant: _____
If the property is owned by a corporation or partnership,
the signatory must be an authorized officer or partner.

State of Ohio

County of _____

Subscribed and sworn to before me this _____ **day of** _____, _____
(month) (year)

Notary Public

My commission expires on: _____

VI. ADJACENT PROPERTY OWNERS

The following are the individuals, entities, or corporations and their mailing addresses as they appear in the Clermont County Auditor's tax list as owners of property adjacent to the subject property. **Adjacent property owners include those across streets and touching the property in any manner.**

Ref: <https://www.clermontauditorrealestate.org>

Use additional sheets if necessary.

Name: _____ Parcel #: _____

Address: _____ City/State/Zip: _____

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