



APPLICATION # \_\_\_\_\_

ZONING COMMISSION CASE # \_\_\_\_\_

## APPLICATION FOR ZONING AMENDMENT

The undersigned owner(s) of the following described property hereby request the consideration of a change in the Painesville Township Zoning Resolution text or a change in the Painesville Township Zoning Map as specified below:

Name of Property Owner(s)/:  
Applicant(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business Cell

### A. Use this section to apply for a change in zoning district for a parcel(s) of land.

Indicate as YES or NO \_\_\_\_\_

Location Description:	Permanent Parcel # _____	Permanent Parcel # _____
	Address: _____	Address: _____
	Acreage Parcel A: _____	Acreage Parcel B: _____
Existing Use:	_____	Present Zoning District: _____
Proposed Use:	_____	Proposed Zoning District: _____

### B. Use this section to apply for amendment to Zoning Resolution text. Indicate as YES or NO \_\_\_\_\_

Zoning Resolution Section numbers(s) requested to be amended \_\_\_\_\_

Proposed new text (Attach additional sheets if necessary) \_\_\_\_\_

**Supporting Information (Submit 12 packages consisting of this application together with all supporting documents to the Painesville Township Zoning Office) [ Original documents larger than 11x17 size must also be submitted in digital PDF format ]:**

- a. Legal description of property
- b. A vicinity map showing property lines, streets and existing and proposed zoning
- c. The proposed amendment to the zoning text and/or map
- d. List of contiguous properties including those properties directly across the street with names of property owners and current mailing addresses
- e. A narrative justifying the proposed zoning change
- f. Fee paid as established per Resolution:

\$ \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner/Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner/Applicant: \_\_\_\_\_



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**For Official Use Only - Painesville Township Zoning Commission**

Date Filed: \_\_\_\_\_

Fee Pd : \_\_\_\_\_ Check # \_\_\_\_\_ / Cash

Notice Sent To Newspaper: \_\_\_\_\_

Date Published : \_\_\_\_\_

Date of Notice to Adjacent Property Owner(s): \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Recommendation of Lake County Planning Commission: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Modify \_\_\_\_\_

Any Modification Recommended \_\_\_\_\_  
\_\_\_\_\_

Recommendation of Zoning Commission: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Modify \_\_\_\_\_

Any Modification Recommended \_\_\_\_\_  
\_\_\_\_\_

If denied, reasons or findings of fact: \_\_\_\_\_  
\_\_\_\_\_

Zoning Commission Chairman: \_\_\_\_\_

Secretary: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**For Official Use Only - Painesville Township Board of Trustees**

Date Recommendation Received: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Date Notice Published in Newspaper: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Action by Board of Trustees: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_ Modify \_\_\_\_\_

Any modification recommended \_\_\_\_\_  
\_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_  
\_\_\_\_\_

If approved, Board Of Trustees Resolution # \_\_\_\_\_

Date: \_\_\_\_\_

Fiscal Officer: \_\_\_\_\_