

**APPLICATION FOR ZONING CHANGE**  
**PIKE TOWNSHIP, BROWN COUNTY, OHIO**

Date Requested \_\_\_\_\_ Application # \_\_\_\_\_

The undersigned owner(s) of the following property hereby request the consideration of a change in the zoning map or text as specified below:

1. NAME OF APPLICANT \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE # HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_
2. NAME OF PROPERTY OWNERS (S) \_\_\_\_\_  
ADDRESS OF PREMISES \_\_\_\_\_  
AUDITOR'S REAL ESTATE TAX NUMBER \_\_\_\_\_
3. PARCEL SIZE \_\_\_\_\_
4. PRESENT ZONING DISTRICT \_\_\_\_\_
5. PRESENT USE \_\_\_\_\_
6. PROPOSED ZONING DISTRICT \_\_\_\_\_
7. PROPOSED USE \_\_\_\_\_
8. SUPPORTING INFORMATION (**THE FOLLOWING ITEMS MUST ACCOMPANY THIS FORM**):
  - a. A list of all property owners and their mailing addresses within, contiguous to, and directly across the street from the proposed zoning change;
  - b. A map or sketch of the area showing property lines and dimensions, streets, the existing and proposed zoning, and locate by name on the map the property owners listed above in a.;
  - c. A narrative stating the reasons for requesting such a change in zoning classification and any other information as needed to provide justification for the request;
  - d. The proposed amendment to the zoning map or text in ordinance form; and
  - e. Fee, as established according to Article IX, FEES.

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

NOTE: This application shall be filed in duplicate with the Zoning Inspector.