

FEE: \$ _____

Note: The initial application fee covers one meeting only.
If the applicant requests tabling, there may be associated fees for rescheduling.

PURPOSE: _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

SUBMITTAL REQUIREMENTS – The following must be submitted with the correct application fee:
One (1) completed application form signed by property owner(s) or lessee(s); AND arrange the following into fifteen (15) packets:

- Detailed Development plan in accordance with Section 19.06 c.) of the Concord Zoning Resolution;
- Current list of all property owners (with complete, current mailing addresses) within 200 feet of exterior boundaries of the land for which the action is requested;
- Plot plan and subject property showing the proposed location of the structure or change (all drawings must be to scale and must be folded to fit into letter size folder);
- Any other supporting documentation in regard to this application;
- Vicinity Map and Aerial Photo of Lot(s); AND
- Conversation with applicant regarding easements _____ applicant initials.

APPLICATION NUMBER: _____ **DATE FILED:** _____

ADDRESS OF PROPERTY: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE: _____ **EMAIL:** _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

PHONE: _____ **EMAIL:** _____

PRESENT ZONING: _____ **PRESENT USE:** _____

DESCRIPTION OF REQUEST (LAND/STRUCTURE USE): _____

The undersigned certifies that this application and the attachments thereto contain all information required by the Zoning Resolution and that all information contained herein is true and accurate and is submitted to induce the amendment of the Zoning Map or Zoning Resolution. Applicant agrees to be bound by the provisions of the Zoning Resolution of Concord Township, Delaware County, Ohio.

Owner/Lessee: _____

Date: _____

Received and Accepted by: _____
(Zoning Inspector)

Date: _____