

Sagamore Hills TOWNSHIP Zone Change Application

Pursuant to the Ohio Revised Code, and the Zoning Resolution of Sagamore Hills Township, the undersigned hereby submits the attached information and requests a hearing before the Sagamore Hills Zoning Commission for a change in zoning for land parcel(s) located in Sagamore Hill Township.

Applicant(s): _____ Owner(s) _____

Address(es): _____ Address(es): _____

Telephone: _____ Telephone: _____

Currently Zoned: _____ Current Use: _____

Proposed Zoning: _____ Proposed Use: _____

Total Acreage: _____

Parcel Numbers: _____

AN APPLICATION FOR A ZONING CHANGE WILL NOT BE ACCEPTED AS COMPLETE UNTIL THE APPLICANT AND OWNER FULFILL ALL REQUIREMENTS LISTED ON THE ATTACHED FORM:

AFFIDAVIT OF APPLICANT:

I hereby certify that the above is true and correct to the best of my knowledge.

Submitted:

Date: _____ Date: _____

Applicant Signature

Owners Signature

Accepted as complete:

Date: _____

Zoning Inspector