

**APPLICATION FOR ZONING MAP AMENDMENT  
VILLAGE OF FORT RECOVERY  
MERCER COUNTY, OHIO**

Application No. \_\_\_\_\_

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. **Name of Owner** \_\_\_\_\_

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

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. **Locational Description:** Subdivision Name \_\_\_\_\_

Lot No. \_\_\_\_\_ Street Name and Number \_\_\_\_\_  
(If not located in a subdivision, attach legal description)

3. **Present Use** \_\_\_\_\_

4. **Present Zoning District** \_\_\_\_\_

5. **Proposed Use** \_\_\_\_\_

6. **Proposed Zoning District** \_\_\_\_\_

7. **Statement of Reason(s) for the Proposed Amendment:** \_\_\_\_\_

\_\_\_\_\_

8. **Supporting Information:** Attach the following items to the application:

- a. Vicinity map(s) showing property lines, streets and existing and proposed zoning.
- b. Legal description of property.
- c. A list of all property owners and their mailing addresses within, contiguous to and directly across the street from the proposed rezoning.
- d. A statement of how the proposed rezoning relates it to the Comprehensive Plan.
- e. The proposed amendment to the zoning map in ordinance form, approved as to form by the Village Solicitor.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**(For Official Use Only - Planning Commission )**

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Village of Fort Recovery Planning Commission

Fee Paid \_\_\_\_\_ Date Filed \_\_\_\_\_

Date of Planning Commission action \_\_\_\_\_

Recommendation of Planning Commission: Approval \_\_\_\_\_ Denial \_\_\_\_\_

Reason for recommendation \_\_\_\_\_

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\_\_\_\_\_  
Planning Commission Chairman

\_\_\_\_\_  
Date

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**(For Official Use Only - Council )**

Date Planning Commission Recommendation Received \_\_\_\_\_

Date of Notice in Newspaper \_\_\_\_\_

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

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

Action of Council: Approval \_\_\_\_\_ Denial \_\_\_\_\_

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

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\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk of Council

\_\_\_\_\_  
Date

NOTE: Three (3) copies of this form and supporting information must be filed with the Village of Fort Recovery Planning Commission.