



Concord Township, *Lake County, Ohio*

7229 Ravenna Road
 Concord Township, OH 44077
 (440)354-7505 or 354-7506
 www.concordtwp.com

Zoning Amendment Application

Application Number: _____

The undersigned, owner(s)/agent (if not the owner, authorization required) of the following described property hereby requests the consideration of change to the Concord Township Zoning Resolution as specified below:

APPLICANT	Applicant		
	Address	City	Zip
	Phone	Email	
	Proposed Text Amendment (if applicable)		

PROPOSED MAP AMENDMENT	Address	Parcel Number(s)
	Existing Use	Proposed Use
	Existing District	Proposed District

SUBMITTAL REQUIREMENTS	One (1) completed original application form for a zoning amendment, fees, and the following arranged into ten (10) packets shall be filed with the Zoning Office. Incomplete applications will not be accepted.
	1. A legal description of the property, if applicable.
	2. A vicinity map showing property lines, streets, and existing and proposed zoning.
	3. The proposed amendment to the zoning text or map.
	4. Other maps, plans, letters, photographs, or information relevant to the request.

I hereby certify all the above statements, submitted information, and attached drawings to be factual and representative of the existing and proposed conditions of the property relative to this application.

APPLICANT (PRINTED NAME) _____ DATE _____

APPLICANT (SIGNATURE) _____

*****FOR OFFICIAL USE ONLY --- CONCORD TOWNSHIP ZONING COMMISSION*****

DATE APPLICATION FILED _____	FEE PAID _____	CASH OR CHECK NO. _____
DATE OF NOTICE: NEWSPAPER _____	ADJACENT PROPERTY OWNERS _____	
DATE OF ZONING COMMISSION PUBLIC HEARING(S) _____		
RECOMMENDATION OF LAKE COUNTY PLANNING COMMISSION:	APPROVE	DISAPPROVE
RECOMMENDATION OF ZONING COMMISSION:	APPROVE	DISAPPROVE
AYES _____	NAYS _____	

ZONING COMMISSION, CHAIRPERSON	DATE	SECRETARY

*****FOR OFFICIAL USE ONLY --- CONCORD TOWNSHIP BOARD OF TRUSTEES*****

DATE RECOMMENDATION RECEIVED _____	DATE OF NOTICE IN NEWSPAPER _____		
DATE OF PUBLIC HEARING(S) _____			
ACTION BY BOARD OF TRUSTEES: APPROVE	DISAPPROVE	AYES _____	NAYS _____
IF DENIED, REASON FOR DENIAL _____			

_____		_____	
FISCAL OFFICER	DATE		