

**POLK TOWNSHIP, CRAWFORD COUNTY, OHIO**

**APPLICATION FOR AMENDMENT TO THE POLK TOWNSHIP ZONING RESOLUTION**

ALL APPLICATIONS MUST BE SIGNED BY AN OWNER OR LESSEE.

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

LOCATION OF PROPERTY TO BE REZONED \_\_\_\_\_

CURRENT DISTRICT \_\_\_\_\_

PROPOSED DISTRICT \_\_\_\_\_

IF THE AMENDMENT SOUGHT INVOLVES A CHANGE IN THE TEXT RATHER THAN THE USE DISTRICT, ATTACH PROPOSED LANGUAGE AND SPECIFY THE SECTION TO BE AMENDED.

ATTACH A SITE PLAN SHOWING THE BOUNDARIES OF PROPERTY, AND ABUTTING STREETS AND ROADS.

ATTACH A LIST OF THE NAMES AND ADDRESSES OF ALL PROPERTY OWNERS WITHIN, CONTIGUOUS TO, AND DIRECTLY ACROSS THE STREET FROM THE PROPERTY TO BE REZONED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature