

BERKSHIRE TOWNSHIP ZONING OFFICE

1454 Rome Corners Road

Galena, Ohio 43021

740-965-2992, Ext. 1

Berkshire.zoning@gmail.com

www.berkshiretp.org

Application # _____
Date received _____
Township Fee \$ _____
Make Check Payable to Berkshire Township

Application to Amend Berkshire Township Zoning Resolution District from A-1 to FR-1 (Article 8)

Name of applicant _____ Contact name _____

Address of applicant _____

City _____ State _____ Zip _____

Contact Phone _____ Email _____

Name of Property owner _____

Address of property owner _____

City _____ State _____ Zip _____

Phone _____ Email _____

Location/address of property to be rezoned _____

Parcel number(s) _____

Current zoning _____ Current use _____ Total acres _____

Proposed zoning district _____ Proposed use _____ Acres to rezone _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Submittal Requirements. The following must be submitted *with the correct application fee*:

See Berkshire Township Zoning Fees sheet online at <http://www.berkshiretp.org/berkshire-township-zoning-laws.html>) for complete fee list. Make check payable to Berkshire Township.

1. Applicant shall include a complete legal description and survey of the property.
2. A list of the names and addresses of all property owners, as appearing on the County Auditor’s current tax list, who are within, contiguous to, directly across the street from, and within 200 feet of the perimeter boundaries of the area proposed to be rezoned.
3. The proposed size and location of the district, at a scale of 1” = 200’, existing and proposed structures, and structures within 200’ of the development tract.
4. Details of the lot to be rezoned as indicated in Article 8, Section 8.05, A, B and C.
5. Any other supporting documentation regarding this application.

Applicant is required at time of application to supply ten (10) completed application forms signed by the applicant and property owner(s) or a power of attorney and ten (10) copies of all documentation submitted with application.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Applicant and property owner(s) certifies that all information contained herein is true and accurate and is submitted to induce the issuance of the requested zoning change. Applicant agrees to be bound by the provisions of the zoning resolution of Berkshire Township, Delaware County, Ohio.

Applicant: _____ Date: _____

Property owner(s): _____ Date: _____

NOTE: The initial application fee covers **TWO** Zoning commission hearings. If additional hearings are requested by the applicant, additional fees will be charged in accordance with the adopted fee schedule and are payable before the next hearing will be scheduled.

Received by: _____ Date: _____