



1454 Rome Corners Road
Galena, Ohio 43021
740-965-2992
www.berkshiretp.org

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

Amendment to Final Development - Major

Name of applicant _____

Address of applicant _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Property owner _____

Address of property owner _____

City _____ State _____ Zip _____

Phone _____ Email _____

Location/address of property for which the request is for _____

Parcel number(s) _____

Current zoning _____ Current use _____ Total acres _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The applicant(s) shall prepare and submit eight (8) copies of this application, the Development plan, and all attachments, along with applicable fees to Berkshire Township. The application shall be signed by the applicant and all property owners. The Berkshire Township Zoning Commission may request that any county agency and/or any committee of the Delaware County Regional Planning Commission submit comments for consideration at the meeting.

At the time of filing, the Applicant must submit the following:

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. A detailed description of modifications requested with supporting documents.
4. Any other supporting documentation.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Applicant and property owner(s) certifies that all information contained herein is true, complete and accurate and is submitted to induce the issuance of the requested zoning change. Applicant and property owner(s) agree to be bound by the provisions of the Berkshire Township Zoning Resolution and gives Berkshire Township permission to place signage on the subject property to announce hearings.

Applicant: _____ Date: _____

Property owner(s): _____ Date: _____

_____ 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: _____