



**MARION TOWNSHIP ZONING  
COMMISSION  
MARION COUNTY,  
OHIO**

**Hints to Assist you in Completing the Application for Rezoning**

Please **TYPE** or **PRINT** when completing the application. Make sure that all **SEVEN** copies are legible.

The following questions are very important for ALL applications and **COMPLETION IS REQUIRED**, otherwise the application will NOT be accepted:

- Questions 2 and 3** - Name(s) and Address(es) of Applicant(s). Note: Section 519.12 of the Ohio Revised Code states that the applicant must be on or more of the owners or lessees of the property. An individual that has signed a purchase contract contingent on the land being rezoned would NOT qualify to file an application for rezoning.
- Question 6** - This can be simplified by attaching a copy of the deed.
- Question 7** - **Current** zoning designation and **desired** zoning designation.
- Question 11** - -Obtain a list of all abutting and adjoining property owners from the County Building. **It must be prepared by the County Auditor's office.** (This may take a day or two to prepare, but no fee is charged).
- Question 14** - - Map, diagram, or drawing showing the location of the property to be rezoned (does not have to be professionally prepared, a hand drawing is acceptable). The Auditor's office usually attaches a map to the list of property owners. A copy of this map is acceptable.
- Question 15** - Must be signed and dated by the Applicant(s).

It is advisable to return all 3 copies of the application, along with the non-refundable application fee of **\$350.00** (check or money order payable to: The Marion Township Trustees) **in person** at the next regular monthly meeting of the Marion Township Zoning Commission.

The Marion Township Zoning Commission meets on the first Thursday of each month at 7:00 p.m. at 1228 E. Fairgrounds, Marion, Ohio (unless otherwise published in The Marion Star). Zoning Commission members may have preliminary questions of the applicant and must set the date for the first required public hearing.

You may receive a billing from the Clerk of The Marion Township Trustees for any expenses incurred regarding publication of 2 legal notices, postage for mailing notices to adjoining property owners, and any other expenses deemed appropriate by the Clerk, as set forth in Chapter 23, Section 23.026 of the Marion Township Zoning Resolution.

Any questions, please call me at home **(740)-360-5768**

**Jennifer Sidle**

***Marion Township Zoning Secretary***



## APPLICATION FOR AMENDMENT TO ZONING MAP FOR MARION TOWNSHIP

**NOTE: THIS APPLICATION MUST  
BE TYPED OR PRINTED LEGIBLY  
AND PREPARED IN TRIPLICATE**

1) Application for an amendment of the zoning use map changing the use

classification of the property located on the \_\_\_\_\_

(N, S, E, or W)

side of \_\_\_\_\_ between \_\_\_\_\_

(Street or Road)

(Street or Road)

and \_\_\_\_\_

(Street or Road)

2) Applicants Full Name: \_\_\_\_\_

3) Address of Applicant: \_\_\_\_\_

4) Telephone / Email: \_\_\_\_\_ / \_\_\_\_\_

5) Are there any persons who own an interest?: Yes  No

*If so, give their names, addresses, and telephone numbers.*

Name	Address	Telephone

*(Attach separate sheet if necessary with appropriate question number)*

6) Description of Property. (Give full legal description and street address

or rural route number. Also include volume and page number of Marion County, Ohio Deeds Records where deed to property is recorded.) Use an additional sheet if required referring to this question number.

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7) This property is currently zoned as: \_\_\_\_\_

And desired change is to: \_\_\_\_\_ zoning

8) The purpose of this application? (I.E. Is there an error to be corrected by this proposed zoning? Is there a particular benefit to be gained by such proposed zoning? Is it necessary to maintain the character of the neighborhood? Etc.) Use as many extra sheets as necessary to set forth the purpose of this application or to explain the necessity for the change, referring to this question number on each sheet.

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9) What has changed since the zoning resolution was passed which would

make this amendment necessary or justified?

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10) Are there other circumstances known to you which make the proposed change justifiable?

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11) List the names and current address as taken from either the Marion County Auditor or Marion County Treasurer tax list of all abutting property owners including those properties which may abut the opposite side of any street, alley, road, or highway which may border said property. ( Use an additional sheet if necessary, referring to this question on each sheet.) ***Please note that the validity of this amendment, if passed, depends entirely upon the accuracy of the names listed herein, since notice must be given to each abutting property owner.*** (Ohio Revised Code, Section 519.12)

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12) Are you aware of any person or persons that may have an objection

to the proposed amendment? If so, list names, addresses, and telephone.

Name	Address	Telephone

13) Are there any restrictions, agreements, or covenants regarding the property described herein contained in the deed to the same or if platted, the plat for the area in which the property is situated? List each one. (Use separate sheets if required referring to this question number.)

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14) Attach a map, diagram, or scale drawing showing the location of the property and its relation to other property, streets, buildings, trees, landmarks, or other details which might be pertinent to the proper consideration of this application.

15) Date: \_\_\_\_\_

16) Applicants Signature: \_\_\_\_\_

17) Signatures of other persons who favor this application. (Use

additional sheets if necessary referring to this question number.)

Name	Address	Telephone

FOR TOWNSHIP USE ONLY: DO NOT WRITE BELOW THIS LINE

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Date filed with secretary of zoning commission: \_\_\_\_\_

Date received by chairman of zoning commission: \_\_\_\_\_

Date of meeting when first considered by zoning commission: \_\_\_\_\_

Date of public hearing by zoning commission: \_\_\_\_\_

Date of Publication of notice of public hearing: \_\_\_\_\_

Action taken by zoning commission: \_\_\_\_\_

Date referred to Marion Township Trustees: \_\_\_\_\_

Date of public hearing by Township Trustees: \_\_\_\_\_

Date of publication of notice of public hearing: \_\_\_\_\_

Action taken by the Marion Township Trustees: \_\_\_\_\_

Effective date of amendment: \_\_\_\_\_