



# German Township

## Zoning Department

12102 State Route 725 West, Germantown, Ohio 45327-9761

937-855-7882 x1

### APPLICATION FOR CHANGE IN ZONING

1. Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_
2. Applicant's Name \_\_\_\_\_ Telephone \_\_\_\_\_
3. Applicant's Address \_\_\_\_\_
4. Parcel ID# \_\_\_\_\_

#### A. Description of Zoning Change:

1. A description sufficient to identify the property including a reference of the volume. Include most recent recorded deed.

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2. A description or statement of the present provision and the proposed changes to text or map.

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3. The proposed use of the subject property.

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4. A statement of the necessity or desirability of the proposed use to the neighborhood or community.

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5. A statement of the compatibility of the proposed use to adjacent properties and land use.

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6. Such other information that may be pertinent to the application, or required for appropriate action.

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**B. Plot Plan:** (Please provide at least 2, 8 ½ x 11 & 2, legal size copies)

- Prepared by a registered Engineer, Architect or Surveyor for the State of Ohio
- Drawn to scale
- Clearly showing:
  - ALL boundaries/dimensions of the property
    - Including but not limited to – setbacks, easements, right of way
  - EXACT size & location of existing and proposed structures on the property
    - Including but not limited to – building(s), well(s), septic/leech, etc.
  - Proposed use of all parts of land and structures
    - Including but not limited to – accessways, walks, on/off street parking, loading, spaces, landscaping, etc.
- The relationship of the requested variance to the standards set by the Zoning Resolution
- Land use and location of structures on adjacent properties

**C. Surrounding Property Owners**

Please list all properties and owners within 300’ of subject property. This list must contain the names, addresses, and parcel ID number. (This can be obtained on the Montgomery Co. Auditor’s website.)

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Please do not print below this line, for office use only.

**OFFICE USE ONLY**

Date Filed with Office \_\_\_\_\_

Payment Type: \_\_\_\_\_

Case # \_\_\_\_\_

Other Info:

Variance Case # \_\_\_\_\_

**AFFIDAVIT**  
**STATE OF OHIO**  
**COUNTY OF MONTGOMERY**

I/We hereby certify that the foregoing statements herein contained and any information or attached exhibits herewith submitted are in all respects true and correct to the best of my/our knowledge and belief. I have read and acknowledge receipt of the Standards for Conditional Uses that the Board of Zoning Appeals must review in rendering a decision on this request.

\_\_\_\_\_  
*Owner's Name*

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Applicant Name*

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

Sworn and subscribed before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ County, State of Ohio

(seal)

\_\_\_\_\_  
Notary Public  
My Commission Expires: