



**Application for a Zoning Text or Map Amendment**

Community Development and Revitalization Department

260 S. Garber Drive, Tipp City, Ohio 45371

Phone: 937-667-6305

[www.tippcityohio.gov](http://www.tippcityohio.gov)

**For Staff Use Only**

Submittal Date:

Date Application Determined Complete:

Date of Planning Board Hearing:

Date of City Council Hearing:

Fee Paid:

Receipt #:

Staff Initials:

Case/Permit Number:

**Zoning Amendment Review Information**

1. The zoning text or map amendment review procedure and review criteria are established in Section 154.03(C) of the Tipp City Zoning Code.
2. The application fee for a zoning amendment is due at the time the application is submitted.

**Map Amendment Information**

Project Address:

Miami County Tax Parcel ID:

Total Area of Rezoning (in square feet or acres):

Existing Zoning District:

Proposed Zoning District:

If the application includes multiple properties, the applicant may include a separate sheet identifying all of the properties subject to the map amendment request and the each property's address and tax ID number.

**Text Amendment Information**

**Applicant Information**

Applicant Name:

Contact Person:

Contact Address:

Contact Phone Number:

Contact E-Mail:

The applicant may attach a separate sheet of a paper with contact information for additional people, if necessary (e.g., additional owners, registered engineer, landscape architect, etc.).

**Zoning Map Amendment Information**

**1) Please summarize the intended use for the property and/or the reason you are seeking a zoning map amendment?**

Case/Permit Number:

### Zoning Map Amendment Information Continued

**2) Describe any change in conditions, planning concepts, social or economic conditions, or other facts that necessitates the proposed zoning amendment. Furthermore, describe how the proposed zoning district will remedy the change in conditions planning concepts, social or economic conditions, or other facts.**

### Signature

I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the property owner or a duly authorized agent of the property owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications.

Print Name:

Signature:

Date:

### For Staff Use Only

Planning Board Action:

City Council Board Action:

☐ Adopt Planning Board Recommendations

☐ Reject Planning Board Recommendations

Request Granted by Ordinance No.:

Date of Approval:

Effective Date:

### Zoning Map Amendment Submittal Requirement Checklist

#### General Information



A list of all property owners and their mailing addresses, for properties within 200 feet of the outermost boundary of the proposed rezoning. The mailing addresses are not required where more than 10 properties are being rezoned. Such information shall be as shown on the Miami County Auditor's records. A list of properties identified by parcel ID number and a map from the County Auditor's office showing the numbers is recommended.



Any additional information determined to be necessary by the Zoning Administrator

#### Vicinity Map (Minimum scale of 1" = 100') that includes:



Date, north arrow, scale, and a legend for all symbols



Boundary line of the land subject to the proposed rezoning



Boundary or property lines of all properties, streets, and corporation limits within a minimum of 500' of the outer boundaries of the proposed rezoning



The existing and proposed zoning for all properties that are a part of this application for a zoning map amendment. The map shall also identify the existing zoning for all surrounding properties



Existing watercourses and bodies of water including any applicable flood hazard areas