

CITY OF NORWALK, OHIO

P.O. Box 30

Norwalk Ohio 44857

APPLICATION FOR ZONING CHANGE

Norwalk Codified Ordinance, Section 1143.04,

1. NAME ADDRESS, AND PHONE NUMBER OF APPLICANT N.C.O. 1143.04(A)

Name:

Last First MI

Address:

Street

Address 2 (including unit #)

City State Zip

()

Phone

2. LEGAL DESCRIPTION OF PROPERTY (also attach a copy of the property deed)

A legal description must be obtained and attached to this Application for a zoning change.

In addition to the legal description, include the mailing address of the property:

3. A LIST OF ALL PROPERTY OWNERS AND THEIR ADDRESSES WHO ARE WITHIN, CONTIGUOUS TO, OR DIRECTLY ACROSS THE STREET AND MAY HAVE AN INTEREST IN THE ZONING CHANGE. N.C.O. 1143.04(A) The owners of all properties lying within 300 feet of any part of the exterior boundaries of said property and their addresses are as follows: (attach additional sheets if necessary)

Name Address

Name Address

Name Address

Name Address

Name Address

4. CURRENT PROPERTY CLASSIFICATION

5. APPLICANT REQUESTS THE PROPERTY TO BE CLASSIFIED AS FOLLOWS

Each application shall be accompanied by a check payable to the City of Norwalk, or a cash payment in the amount of Two Hundred Dollars (\$200) (NCO1143.04) Make checks payable to: CITY OF NORWALK

Once complete, the Application, Legal Description, Deed and Application fee shall be submitted to the Clerk of Council, City Hall, 38 Whittlesey Ave., P.O. Box 30, Norwalk, Ohio 44857

Questions: Clerk of Council (419) 663-6760

SIGNED

Applicant Date

NOTARY

STATE OF OHIO :
: ss
COUNTY OF HURON :

On this _____ day of _____, _____, before me, a notary public, personally appeared _____, proved to me on the basis of satisfactory evidence to the person(s) whose name(s) was/were subscribed to the within instrument, and acknowledge that he/she/they signed his/her/their name(s) for the uses and purposes set forth therein.

Witness my hand and official seal.

Notary Public

[SEAL]

Notary Public, State of Ohio
My commission expires _____

INTERNAL USE ONLY

Application fee: Amount: _____ Date: _____ Check/Receipt Number: _____

Legal Description Attached: Y N

Deed Attached: Y N

Completed Application: Date: _____

Other: