

**SPRING VALLEY TOWNSHIP
ZONING COMMISSION**

APPLICANT INSTRUCTIONS

The applicant should forward the following information to zoning@svtwp.org or:

Zoning Inspector
Spring Valley Township
2547 US Route 42 South, PO Box 147
Spring Valley OH 45370

1. A vicinity map at a scale of one (1) inch to 1000 feet, showing property lines, existing zoning and proposed zoning, the approximate location or character of property adjacent to premises, must be furnished.
2. A survey of the plat of land being proposed for rezoning at a scale of one (1) inch to 100 feet, showing the dimensions and bearings of the property lines, area in acres or square feet, topography of the land and proposed streets must be furnished.
3. Other information as required in Section 1004 of the Spring Valley Township Zoning Resolution shall be submitted and required sign shall be posted.
4. Applicant may furnish any pertinent statement or other information in support of the application.
5. The specific provisions relative to the District changes and Resolution amendments, may be found in Section 519.12 of the Ohio Revised Code.
6. Fee in the amount of \$500 made payable to Spring Valley Township.
7. Applicant may withdraw his application during any stage of its processing, by giving written notice to the Spring Valley Township Zoning Commission.
8. Applications under/or to Planned Unit Development District must comply with Section 415 of the Spring Valley Township Zoning Resolution.

APPLICATION FOR ZONING AMENDMENT

Zoning Commission
2547 US Route 42 South, PO Box 147
Spring Valley OH 45370

Application No. _____

The undersigned, owner(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant _____
Mailing Address _____
Phone _____ Email _____

2. Name of Owner (if not applicant) _____
Mailing Address _____
Phone _____ Email _____

3. Location of property where change is requested in accordance to County Auditor's Property Plat Book Records:
Township _____ Book No. _____ Page _____ Parcel (s) _____
Section _____, Town _____, Range _____ Survey No. _____
Name of Subdivision Plat _____ Lot No. _____

4. Acreage of Change _____

5. Location of Property in Relation to Existing Streets:
Property is situated along the _____
(East, West, North, South)
side of _____ Approximately _____
(Name of Road or Street)
feet _____ of the intersection of _____
(East, West, North, South) (Street Name)

6. Existing Use _____

7. Present Zoning District _____

8. Proposed Use _____

9. Proposed Zoning District _____

10. Reason for Wanting Zoning Change: _____

11. Character of Neighborhood: _____

12. The following supplementary items shall be attached to the application:
- a. A vicinity map, drawn to scale, showing property lines, streets, existing and proposed zoning, and other pertinent information.
 - b. A list of all property owners and their mailing addresses within five hundred (500) feet of, contiguous to, and directly across the street from any part of the proposed rezoning, and others that may have a substantial interest in the case.
 - c. A statement of how the proposed rezoning related to the Comprehensive Plan of the Township.
 - d. A fee as established by the Board of Township Trustees for the purpose of defraying expenses incurred from the processing of this application.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENT IS TRUE AND CORRECT.

Date

Applicant