

**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 form of a check or money order, should be made payable to Spring Valley Township. This fee includes the cost of any hearing or hearings as may be held on this application by the Zoning Commission and the Board of Township Trustees.
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.

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Zoning Commission
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APPLICATION FOR A ZONING RESOLUTION TEXT AMENDMENT

Date of Application _____ Case Number _____

Name of Applicant _____

(Need authorization letter if not a township property owner)

Address _____

Phone _____ Email _____

Name of Township Property Owner _____

Address _____

Phone _____ Email _____

Proposed article change: _____

Nature of change: _____

Reason for wanting text change: _____

Verified by Applicant

Signed: _____

State of Ohio, Greene County: S.S.

The undersigned, being first duly sworn, says that he is the _____ named in the foregoing application, and states that all the facts stated in said application are true as he believes.

Sworn to before me by the said _____ and by subscribed in my presence this _____ day of _____, 20_____.

Notary Public
Greene County