

APPLICATION FOR TOWNSHIP ZONING AMENDMENT
PLAIN TOWNSHIP ZONING COMMISSION

Application No. _____ Filed _____

ZONING COMMISSION
PLAIN TOWNSHIP
2600 EASTON STREET NE
NORTH CANTON, OHIO 44721
330-492-4686

Applicant _____ Phone _____

Mailing Address _____

Owner of premises affected _____ Phone _____

Mailing Address of Owner _____

Lessee of premises affected _____ Phone _____

Mailing Address of Lessee _____

To the Township Zoning Commission and Township Board of Trustees:

I hereby make application and request the Township Zoning Commission to consider and petition Township Trustees to amend the Zoning Resolution as hereinafter requested this _____ day of _____, 20 _____.

Premises affected _____
(ADDRESS)

_____ Quarter _____ Section Plain Township, Stark County, Ohio.

From: _____ To: _____
(Existing Zoning District) (Zoning District Requested)

NOTE: An accurate legal description of the property proposed for rezoning must also be submitted with this application.

QUESTIONNAIRE

1. Has any previous amendment been filed with the Board on these premises?
Yes ____ No ____ . If yes, when? _____
2. How long has present owner held title to the property? _____
3. Is there a school, church, or hospital in the same street-block, or within 200 feet of the premises in question?
Yes _____ No _____
4. Has court summons been served relative to this matter? Yes ____ No ____
5. Is there any case pending in court involving the use of the premises or the ownership thereof?
Yes ____ No ____ . If yes, explain. _____

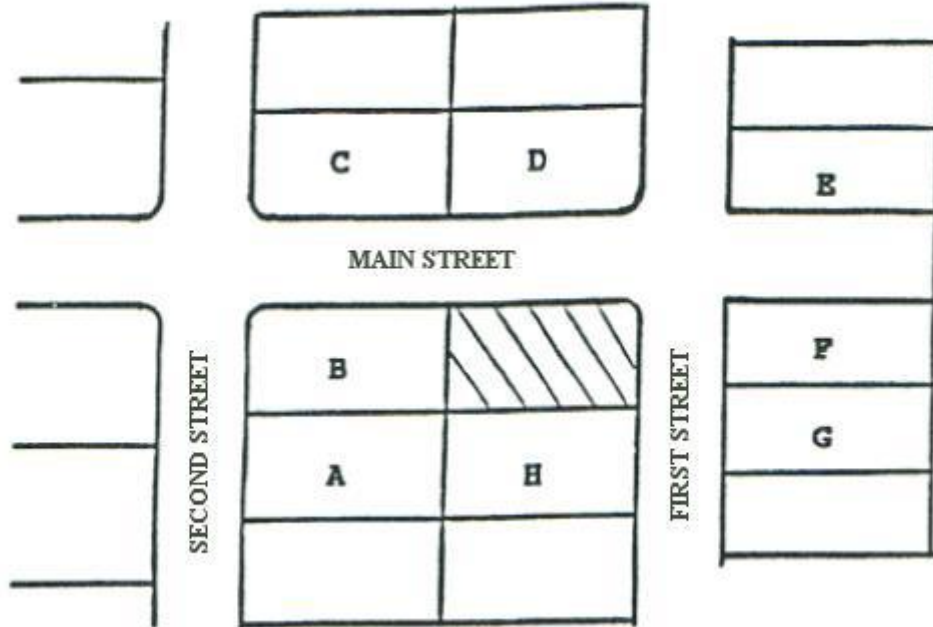
6. Have you inquired of the secretary of the Board whether there is any petition pending to change the use district regulations affecting the block on which these premises are located?
Yes ____ No ____ Is there a petition pending? Yes ____ No _____
7. If petition is pending, indicate nature of proposed change. _____

8. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises?
Yes _____ No _____. If so, what are they? _____

9. Are you to be represented by an attorney in this matter?
Yes ____ No ____ If yes, give name and address. _____

The land for which a zoning change is requested must be marked on the tax map with diagonal lines, and must show properties adjoining and across the street there from, including any residents in bordering municipalities by marking A, B, C, etc. as shown on the accompanying diagram. The names and addresses of adjoining property owners must be listed on the application in the space provided in A, B, C order to correspond with letters shown on the tax map and on application.

Example:*****



Note: This sketch may not reflect the exact configuration of your property or adjacent properties. It is intended to serve only as a guide to help determine which properties may be adjacent to yours for notification purposes. Do not use this sketch for your map that is required as a part of this application.

Please list all the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this zoning amendment (Check from tax records if not known). Add additional sheet if necessary.

| Name | Address and Tax Mailing address if different. |
|------|---|
| A. | _____ |
| B. | _____ |
| C. | _____ |
| D. | _____ |
| E. | _____ |
| F. | _____ |
| G. | _____ |
| H. | _____ |
| I. | _____ |
| J. | _____ |

STATE OF OHIO
SS.
STARK COUNTY

I hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

(Applicant to Sign Here)

Sworn to before me this _____ day of _____ 20_____, at _____.

Notary Public

AFFIDAVIT OF OWNERSHIP
(To be complete if applicant is not owner)

STATE OF OHIO
SS.

_____ being duly sworn, deposes and STARK COUNTY says he resides at _____ in the City of _____, in the County of _____, in the State of _____, that he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being in the Township of Plain, Stark County, Ohio aforesaid and known and designated as _____ and that he hereby authorizes _____ to make the annexed application in his behalf and that the statements of fact contained in said application are true.

(Owner to sign here)

Sworn to before me this _____ day of _____ 20_____, at _____.

Notary Public