



CITY OF WILLARD

PUBLIC WORKS DEPARTMENT
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WWW.WILLARDOHIO.GOV

Office Use Only
Fee: \$300.00
Date: _____
Site Visit: _____
Revised: Jan 25, 2024

ZONING AMMENDMENT

ADDRESS _____ City, State Zip Willard, Ohio 44890

OWNER: _____ Phone _____

Address _____ City, State Zip _____

Email: _____

ZONING REQUEST:

PRESENT USE: _____

PRESENT ZONING: _____

PROPOSED USE: _____

REQUESTED ZONING: _____

HOW DOES THE PROPOSED AMENDMENT RELATE TO THE COMPREHENSIVE PLAN:

NOTES:

The following information shall be required to be filed along with an application for a district change:

- Fifteen copies of a vicinity map, at a scale approved by the Code Enforcement Officer, showing property lines, thoroughfares, existing and proposed zoning, existing and proposed buildings and uses, utility lines and easements, and such other items as may be required by the Code Enforcement Officer.
- A list of all property owners who are within 300', contiguous to or directly across the street from the parcel(s) proposed to be rezoned, with their mailing addresses, and others who may have a substantial interest in the case, except that addresses need not be included where more than ten parcels are to be rezoned;

I CERTIFY THAT I AM A PROPERTY OWNER IN THE AFFECTED AREA AND I ATTEST TO THE TRUTH AND CORRECTNESS OF ALL FACTS AND INFORMATION PRESENTED IN THIS APPLICATION.

SIGNATURE OF CONTRACTOR/OWNER OR AUTHORIZED AGENT

DATE