## 021924-APPLICATION FOR TOWNSHIP ZONING

## AMENDMENT MONROE TOWNSHIP ZONING

## COMMISSION

## FEE \$400.00 PAYABLE TO MONROE TOWNSHIP OR EXACT CASH

NUMBI	ER	
FILING DATE_		
NOTE: This request must be typewritten and file	d with the Township Zoning Inspect	or.
Applicant:		
Address:		
Owner of premises affected:		
Address:		
Lessee of premises affected:		
Address:		
Phone Number:		
TO THE TOWNSHIP ZONING COMMISS		USTEES:
I hereby make application and request the Townsh Township Trustees to amend the Zoning Resolu		nd petition
Dated:, 20		
Premises affected are situated on the	side of	(St./Road)
And known as parcel number		
The parcel or parcels have a frontage of premises is presently in the		feet. The

It is requested that the premises be rezoned to \_\_\_\_\_\_district.

The following are all the individuals, firms, or corporations owning property adjacent to both side and rear, and the property in front of (across the street from) the premises which are the subject of this request. (Check from the tax record, in the Clermont County Courthouse if not known). Use additional sheet(s) if required:

NAME	ADDRESS
1	
2	
3	
7	
8	
9	
10	
The reason(s) for requesting recla	ssification is as follows: (Use additional pages of necessary)

Please attach a plat map showing the property involved district to	
map the respective lots/parcels of those before menti should also contain the dimensions of properties show development of those before mentioned lots/parcels	oned properties affected by this request. The map wn and a North arrow, and the category of existing
Applicants Signature	