

Application for Zoning Amendment or District Change
Granville Township – Licking County, Ohio

Township Zoning Resolution Section 604 – For all Districts, with the exception of Section 912 (Planned United Development) which requires a different application - Submit 15 copies of application and all attachments. An additional all electronic version, suitable for posting on the township's website, for all documents and attachments must also be filed.

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

1. Name & Address of Owner _____ Tel No. _____

Name & Address of Lessee _____ Tel No. _____

Name & Address of Purchaser _____ Tel No. _____

2. Attach legal description of property proposed for change.
3. Present zoning classification _____ Proposed zoning classification _____
4. Use under present classification _____

Use under proposed classification _____

5. Attach a vicinity map showing property lines, easements, thorough-fares, existing and proposed zoning of contiguous districts.
6. Attach a list of all contiguous property owners (available in the County Engineer Map department), including those directly across the road, along with their mailing addresses as shown in the County Treasurer's records.
7. Attach certificate of proof by state licensed engineer, or by the Licking County Health Department, that the proposed development will have an approved sewage disposal method.
8. Attach a certificate of proof by a state licensed engineer or geologist or by the Ohio Department of Natural Resources that the proposed development will have sufficient ground water for the utilization of individual water wells or for the proposed development.
9. Include any other relevant information such as letters from area residents, photographs, etc.
10. Attach check payment to Granville Township for the hearing expense fee. (Contact Zoning Chair for current fee amount).
11. Signature of Applicant _____ Date _____

Return application to: Zoning Commission Chair