

**XENIA TOWNSHIP ZONING COMMISSION  
APPLICATION FOR A PROPOSED ZONING CHANGE**

Date of Application \_\_\_\_\_ Case Number \_\_\_\_\_

Name of Owner or Lessee \_\_\_\_\_

Address \_\_\_\_\_ Telephone-Residence \_\_\_\_\_

Name of Township \_\_\_\_\_ Parcel ID No. \_\_\_\_\_

Lot No. \_\_\_\_\_ Property is situated along the \_\_\_\_\_ side of \_\_\_\_\_  
(East, West, North, South) (Name of Road or Street)

Approximately \_\_\_\_\_ feet \_\_\_\_\_ of the intersection of \_\_\_\_\_  
(East, West, North, South) (Name of Road or Street)

with \_\_\_\_\_  
(Name of Road or Street)

Lot Numbers involved in change \_\_\_\_\_ Name of Subdivision \_\_\_\_\_

Amount of area of change: \_\_\_\_\_

Reason for wanting zoning change: \_\_\_\_\_

Character of Neighborhood: \_\_\_\_\_

I, (We), the undersigned owner(s) or lessee(s), hereby request that this property now classified as \_\_\_\_\_ District be reclassified as \_\_\_\_\_ District in accordance with the Zoning Resolution.

ATTACHED IS A LIST OF THE NAMES AND ADDRESSES OF THE OWNERS OF ALL PROPERTIES WITHIN A 500 FEET RADIUS FROM THE PROPERTY PROPOSED TO BE CHANGED.

THIS APPLICATION IS ACCOMPANIED BY TRIPLICATE COPIES OF A MAP OR PLAT DRAWN TO SCALE, SHOWING THE EXISTING AND PROPOSED ZONING RECLASSIFICATION AND OTHER PERTINENT INFORMATION.

THIS APPLICATION IS ACCOMPANIED BY A FEE IN THE AMOUNT OF FOUR HUNDRED DOLLARS (\$400.00) FOR THE PURPOSE OF DEFRAYING EXPENSES OF PUBLISHING NOTICES IN THE NEWSPAPER AND MAILING COSTS AND RECORDING FEES.

I hereby grant permission to the Xenia Township Zoning Commission, the Xenia Township Board of Trustees, Greene County Regional Planning Commission and staff, Greene County Environmental Department and any other persons necessary to gather pertinent information regarding subject property to enter upon the premises.

Verified by Applicant (Owner or Lessee)

Signed: \_\_\_\_\_

STATE OF OHIO, GREENE COUNTY, SS:

The undersigned, being first duly sworn, says that he/she is the \_\_\_\_\_ named in the  
(owner or lessee)  
foregoing application and states that all the facts stated in said application are true as he believes.

\_\_\_\_\_  
\_\_\_\_\_  
Applicant(s) Signature(s)

Sworn to before me by the said \_\_\_\_\_ and by him/her subscribed in my presence this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Notary