

Application for Change of District Boundaries or Classification of Property on the Zoning Map

To: Planning Commission
Village of West Lafayette
West Lafayette, Ohio

Request No: _____

Request Filed Date: _____

Date of Hearing: _____

The property under consideration is located at: _____

There is herewith submitted a plot plan, drawn to scale, showing property affected. I am requesting permission to:

My reasons for Request are:

(continue on other side if more space is required)

Names & Addresses of all property owners within 150 feet of any part of the exterior boundaries of the proposed change:

Applicant Signature _____

Address _____

Phone No. _____

☐ Owner

☐ Lessee

☐ Holder of Opinion

Deposit and cost of request

Cost of request minimum fee \$15.00

(Costs associated include publishing or posting notice and mailing notices of the hearing or hearings)

Date: _____

Total fee required: _____

Received from: _____

Deposit Amount: _____

Received by: _____
(Zoning Inspector)

Balance remaining: _____

Date of Hearing to be determined.

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Decision of Planning Commission:

Recommendations to Village Council:

PLOT PLAN																													
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