



CITY OF SIDNEY

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APPLICATION FOR ZONING MAP AMENDMENT

I. Applicant Information

Name of Property Owner _____ Telephone No. _____

Address _____

Name of Agent or Attorney _____ Telephone No. _____

Address _____

II. Property Requested to be Amended Information

County Parcel ID No(s). _____ Lot No(s). _____

Subdivision (if applicable) _____

Street No. (if applicable) _____ Street _____

Existing Zoning Classification(s) _____ Proposed Zoning Classification(s) _____

Contiguous and Proximate Districts: North _____ South _____ East _____ West _____

Existing Use of Property _____

Proposed Use (information mandatory for planned developments) _____

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

Signature of Applicant

Date

For Office Use Only

APPLICATION NO. _____ DATE FILED _____ FEES PAID \$ _____

HEARING DATES: _____