

APPLICATION TO AMEND OR SUPPLEMENT
ZONING RESOLUTION OF LAKE TOWNSHIP

Application No. _____

TO THE TRUSTEES OF LAKE TOWNSHIP

Application is submitted herewith requesting that the Zoning Resolution of
Lake Township be SUPPLEMENTED AMENDED to:

The legal description of the property is:

(If space is insufficient, attach separate description)

The names and mailing address of all owners of property within 200 feet of and
contiguous to and directly across the street from the area proposed to be rezoned.

(If space is insufficient, attach a separate list)

Application No. _____

The Lake Township Trustees considered the above request at a public hearing held on _____, 20____.

The notice of this hearing appeared in the Bowling Green Sentinel-Tribune on _____, 20____.

The recommendations of the Wood County Planning Commission and the Lake Township Zoning Commission were given careful consideration at this hearing. The Board of Trustees moved to APPROVE DENY the request by the following vote:

_____	Vote: _____
_____	Vote: _____
_____	Vote: _____

Comments:

Signed:

Clerk of the Lake Township Board of Trustees

Application No. _____

The request for _____ is being submitted because:
(state reason or proposed use)

Applicant(s) hereby ALLOW DENY permission to reasonably access the property to be rezoned and/or developed by Township Officials as well as staff/members of the Wood County Planning Commission. Access shall only be used for purposes of observation of the applicant property and for the purposes of taking photographs for use in the required public hearing(s). Township and Planning Commission Officials shall only visit the site during normal business hours. If the applicant(s) choose not to allow access to the site, the zoning amendment process shall still proceed as prescribed under the Ohio Revised Code Chapter 519.

Applicant(s) Signature:

Date:

MAPS THAT DEPICT THE LOCATION OF THE PROPERTY LISTED ABOVE AS WELL AS ANY SITE PLANS, BUILDING PLANS, AND/OR RELEVANT DOCUMENTS MUST BE INCLUDED IN THIS APPLICATION.

Applicant's Address and Phone Number

Signed (owners or lessees)

Sworn to before me and signed in my presence this ____ day of _____, 20__

Notary Public

Application No _____

(APPLICANT - DO NOT WRITE BELOW THIS LINE)

The Wood County Planning Commission has considered the above _____ request on _____, 20____.

The Commission recommends to APPROVE DENY this request.

Comments:

Signed:

David Steiner, Director
Wood County Planning Commission

The Lake Township Zoning Commission considered the above request at a public hearing held on _____, 20____.

This Commission recommends to APPROVE DENY this request.

Comments:

Signed:

Chairperson, Lake Township Zoning Commission