CITY OF NORTH ROYALTON
APPLICATION FOR ZONING CHANGE REQUEST

APPLICANT: ___________________ OWNER: ___________________

ADDRESS: ___________________ ADDRESS: ___________________

PHONE: ___________________ PHONE: ___________________

SUBJECT PARCEL ADDRESS: ________________ PARCEL NO. ________________

EXISTING ZONING DISTRICT: ________________ PROPOSED ZONING DISTRICT: ________________

INFORMATION TO BE SUBMITTED TO COUNCIL OFFICE:

1. Written legal description.

2. Survey/Plat Plan drawn as follows:
   a. Set forth the dimensions of subject property (s) and bearing directions of subject property lines.
   b. Set forth the surrounding Public Right of Way (s) (if any) along with recorded Right of Way width(s).
   c. Set forth the surrounding properties, including any directly across any Public Right of Way, along with all such property owners names and addresses. Outline in RED color the boundary of the property included in the requested Zoning amendment.
   d. Show Permanent Parcel Number of all properties on said survey.

3. Acreage of each parcel proposed for rezoning:

4. Number, type & disposition of any existing buildings:

5. Any deed restrictions (existing or expired).

6. Proposed use of property and why change is necessary for the preservation and enjoyment of a substantial property right. Also why the change would not be detrimental to the public welfare nor to the property of other persons located in the vicinity thereof.

7. Sketch plan, showing proposed type of building, building location, driveways, parking areas, sanitary & storm sewers and water lines.

If the property involved is not registered in the same name in the County records as property owner on application, or an agent or representative applies, written notarized consent from the property owner must be presented with the application.

Applicant shall pay, to the Council Office, a fee of $400.00 per parcel, for the processing of this application. This fee is non-refundable if rezoning is denied.

The applicant agrees to appear upon written or oral request before any legally constituted board, commission or representatives of the City for the purpose of clarifying any points at issue or to assist said board, commission or representative in arriving at a decision on this application.

SIGNATURE OF APPLICANT/AGENT/OWNER: ___________________________________________

Date: ________________

This Application must be reviewed and approved by the Building Commissioner prior to submission to the Council Office to ensure proper zoning district is being requested for proposed use.

Approved by: ___________________ Date: ________________

Building Commissioner

COUNCIL OFFICE USE ONLY

Date received: ________________ Fee Paid: ________________ Receipt No.: ________________

Referred to Engineering Dept. to review legal: ________________ Engineering Dept. approved legal: ________________

Planning Commission Recommendation: ________________

Building & Building Codes Committee Recommendation: ________________

City Council Recommendation: ________________

Referral to Voters: ________________ Voters: Approved ________________ Defeated ________________