



City of Wilmington, Ohio
Director of Public Service
69 N. South Street
Wilmington, Ohio 45177

937-382-6509
937-382-1553 (FAX)

APPLICATION FOR REZONING

Date Application Received _____
(Official Use Only)

TO: THE CITY COUNCIL OF WILMINGTON, OHIO

1. Application is hereby made by the undersigned for the rezoning

FROM _____ TO _____ of the
(Current zoning classification) (Proposed zoning classification)

described real property _____
(Address of said property. If no address is assigned, please describe location.)

2. PLEASE ATTACH FULL LEGAL DESCRIPTION OF PROPERTY

3. ATTACH A PLAT OR SURVEY MAP OF SAID REAL PROPERTY.

4. Proposed Use of Site _____

5. List the names and mailing addresses of all property owners adjacent to or directly across the street from said property sought to be rezoned. You must obtain this information from the current tax duplicate of the Clinton County Auditor. (Attach extra sheets if necessary)

OWNER'S NAME: _____

Address: _____

Phone #: (_____) _____ Fax #: _____

E-mail: _____

AGENT/APPLICANT NAME: _____

Address: _____

Phone #: (_____) _____ Fax #: _____

E-mail: _____

Applicant will also be billed for legal notice to the newspaper and postage fees for notification to adjacent property owners by certified mail.

(Signature of Owner)

(Date)

(Signature of Applicant, (if different from owner))

(Date)

Please submit your application to:

City of Wilmington
Director of Public Service Office
69 N. South Street
Wilmington, Ohio 45177
937-382-6509
Fax: 937-382-1553

NOTE: APPLICATIONS RECEIVED PAST SUBMITTAL DEADLINE WILL NOT BE CONSIDERED UNTIL THE NEXT SCHEDULED MEETING. APPLICATIONS THAT ARE NOT COMPLETE WILL NOT BE PROCESSED UNTIL ALL INFORMATION IS RECEIVED.

(FOR OFFICIAL USE ONLY)

Date Application on Planning Commission Agenda _____

Planning Commission Action: _____ Recommended Approval

_____ Recommended Disapproval

Referred to City Council for Action _____

Date

(Signature) – Clerk – City Council