



BR-_____

Zoning File # _____

CITY OF NEWARK
ENGINEERING & ZONING

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

Temporary Board of Zoning District Revision Application

Date:

Property Address:

Please attach the applicable portion of the Zoning Map and identify the property

Zoning District prior to Ordinance 08-33 (adopted 5/4/2009):

Present Zoning District:

Proposed Zoning District:

Present Use:

- Vacant Land Vacant Building
 Residential
 Commercial (specify):
 Industrial (specify):
 Other (specify):

Proposed Use:

- Vacant Land Vacant Building
 Residential
 Commercial (specify):
 Industrial (specify):
 Other (specify):

Please attach a detailed description of the reason for the requested District Revision

Property Owner:

Name:

Address:

Phone Number:

Email Address:

Applicant:

Name:

Address:

Phone Number:

Email Address:

Signature:

Date:

If you are not the Owner, you must provide a signed and notarized statement from the Owner, giving you permission to represent them in the above request.

For Office Use Only

RESPONSE TO REQUEST FOR ZONING REVISION

Date: _____
To: _____
(applicant)
Regarding Property Address: _____

BOARD OF REVISION RESPONSE

Meeting Date: _____

On this meeting date, the Board of Revision _____ with
(agreed/disagreed)

your request and therefore _____ recommend to the Planning
(will/will not)

Commission that your property be zoned _____.

Chairman

Date

PLANNING COMMISSION RESPONSE

Meeting Date: _____

On this meeting date, the Planning Commission voted to _____
(affirm/not affirm)

the recommendation of the Board of Revision and therefore your Zoning District
_____ be revised.

(will/will not)

Planning Commission Director

Date

The zoning of your property will:

Remain _____

Be changed to _____

If you have questions regarding this form, please contact the Engineering Office at (740) 670-7727.

Cc: Zoning, Service Director