

City of Franklin, Ohio
REZONING/ZONING AMENDMENT APPLICATION
UDO 1115.04

Application No. _____

The undersigned owner(s) of the following property hereby submit this application requesting an amendment to the Official Zoning Map, as specified below.

1. Name of Applicant(s): _____
2. Mailing Address: _____
3. Phone Number: _____ (home) _____ (work)
4. Address of the property proposed to be rezoned: _____
5. Lot No. of the property proposed to be rezoned: _____
6. Current Zoning District: _____ Current Use: _____
7. Proposed Zoning District: _____ Proposed Use: _____

The following items must be submitted with this Application:

- _____ A. If the applicant is not the owner of the subject property, a notarized letter of authorization from the property owner(s), designating the applicant as his/her/their representative.
- _____ B. Legal description of the property proposed for rezoning – either a deed or a drawing prepared by a surveyor registered in the State of Ohio.
- _____ C. A list of all owners of property that are contiguous to the property to be rezoned or that are across the street from it. (The list shall be based upon the Warren County Auditor’s current tax lists).
- _____ D. A vicinity map showing property lines, thoroughfares and existing zoning.
- _____ E. A Statement addressing the following:
 - (1) Why the applicant seeks to rezone the subject property and the proposed use if the rezoning is granted;
 - (2) The effect the applicant believes the rezoning will have on public health and safety;
 - (3) Why the requested rezoning is reasonably necessary for the public health or general welfare, for example, how does it enhance the successful operation of the surrounding area in its basic community function or how does it provide an essential service to the community;
 - (4) The effect the applicant believes the rezoning will have on the value of abutting properties;
 - (5) How the proposed zoning district and proposed use will generally conform with the City’s Comprehensive Land Use Plan;
 - (6) How the proposed zoning district and proposed use are located with respect to transportation facilities, utilities, fire and police protection, waste disposal and similar characteristics; and
 - (7) The effect the applicant believes the proposed zoning district and proposed use will have on traffic congestion and/or whether traffic hazards will be created.
- _____ F. The Application Fee.

BE ADVISED THAT THE SUBMISSION OF ADDITIONAL SUPPORTING INFORMATION MAY BE REQUIRED.

****The applicant should check with the City's Division of Building & Zoning in regards to any building code requirements or other permits required by the City. Acceptance and/or approval of this application is not a guarantee against a change in development requirements or standards due to unforeseeable circumstances once the project and/or construction begins. The applicant is advised to consult with specialists as needed.****

Signature of Applicant(s)

DATE: _____

OFFICE USE ONLY

Received Date: _____

TRC Meeting: _____

Legal Notice: _____

Mailings: _____

PC Meeting: _____

Recommendation to: Approve Deny

Council Meeting: _____

Legal Notice: _____

Mailings: _____

Approved

Denied

Date of Approval or Denial: _____

Date Notice Mailed to Applicant: _____