

**VILLAGE OF CARROLL
PLANNING AND ZONING BOARD**

APPLICATION FOR REZONING

Application #: _____

Date Filed: _____

To the Village of Carroll Planning and Zoning Board:

The undersigned hereby request(s) the consideration of change in the zoning district classification as specified below:

1. The building, structure or premises for which Conditional Use Permit is requested is as follows:

Address: _____

Lot No. _____ Addition: _____

Parcel No. _____ Current Zoning Classification: _____

2. Name(s) of Property Owner(s) _____

Address of Property Owner(s): _____

Telephone No. _____

3. Name(s) of Occupant(s) of Property: _____

4. Present Use of Property (Include All Uses on Site): _____

5. Proposed Use:	New Construction	No. of Families _____
	Remodeling	Business _____
	Accessory Building	Manufacturing _____
	Residence	Sign Board – Size _____
	Garage	Other _____

6. Legal Description of Property (as on record in the Fairfield County Recorder's Office): _____

7. List below the names and mailing addresses (as they appear on the current tax list of the records of the Fairfield County Auditor) of all property owners within two hundred (200) feet of, contiguous to and directly across the street from the subject property. If available, also provide the telephone numbers of these property owners.

<u>Owners Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____
f) _____	_____	_____
g) _____	_____	_____
h) _____	_____	_____

8. Attach to this application all of the following documents:

- a) Site map or plan showing property lines, streets, existing buildings drawn to approximate scale, in sufficient detail to illustrate the proposed action;
- b) A written narrative detailing the following facts and conditions: How the proposed rezoning will affect adjacent and proximate properties.

9. A fee for application processing, as established by the Carroll Village Zoning Board: \$ _____

10. I hereby certify, to the best of my knowledge and belief, that the foregoing statements and all documents attached hereto in support thereof, are true and accurate.

Name of Applicant(s) (Print) _____	Applicant(s) is/are:	Owner(s)
_____		Occupant(s)
		Owner's Agent
		Other _____

Telephone Number of Applicant(s) _____

Witness: _____ X _____ Applicant

_____ X _____ Applicant
 (Printed Name)