



VILLAGE OF EAST CANTON
STARK CO. OHIO

Application for Zoning Amendment

Application Number: _____

Applicant Name: _____ Title/Position: _____

Applicant Address: _____ Tel: (____) _____

Applicant Email Address: _____

Complete The Following for A Zoning District Change:

Property Owner(s): _____ Tel: (____) _____

Property Owners(s) Address: _____

Stark County Parcel Number: _____ Total Property Size: _____

Present Zoning District: _____ Present Use of Property: _____

Proposed Zoning District: _____ Proposed Use of Property: _____

Reason for Zoning Amendment: _____

Applicant Should Provide:

- 1) An accurate legal description of the property proposed for rezoning.
- 2) A map showing the property and all the properties within one thousand (1000) feet of this property.
- 3) A recent photograph of the property to be rezoned.
- 4) A list of all property owners with mailing addresses that are within, contiguous to and directly across the street from this property.
- 5) Any other information that may be deemed reasonably necessary by the Village of East Canton Zoning Department. Complete the following for a Zoning Text Amendment:

Reason(s) for Zoning Amendment _____

Requested Text Amendment _____

To the Village East Canton Zoning Commission and Village East Canton Council:

I hereby make application and request the Village of East Canton Zoning Commission to consider and petition Village East Canton Council to amend the Zoning Resolution as herein after requested this _____ day of _____, 20_____

Applicant Signature: _____ Date ____/____/20____

Completed Application Received By: _____ Date Filed: ____/____/

____/20____ Village of East Canton Zoning Commission: