



Application for a Zoning Map Amendment

Monroe Development Department
 233 South Main Street, Monroe, Ohio 45050
 Phone: 513-539-7374
www.monroehio.org

For Staff Use Only

Submittal Date:

Date Application Determined Complete:

Date of Planning Commission Review:

Fee Paid:

Staff Initials:

Application/Case Number:

Zoning Amendment Review Information

1. The zoning map amendment review procedure and review criteria are established in Section 1203.03 of the Monroe Planning and Zoning Code.
2. A pre-application conference is required prior to submission of an application for a zoning map amendment unless the Code Enforcement Officer waives the requirement. Contact the Development Department to set up a time.
3. The application fee for a zoning amendment is \$500, due at the time the application is submitted.

Basic Information

Project Address:

County: Butler Warren

Total Area of Rezoning:

County Tax Parcel ID:

Existing Zoning District:

Proposed Zoning District:

Applicant Information

Applicant Name:

Contact Person:

Contact Address:

Contact Phone Number:

Contact Fax Number:

Contact E-Mail:

Property Owner Name:

The applicant may attach a separate sheet of a paper with contact information for additional people, if necessary (e.g., additional owners, registered engineer, landscape architect, etc.). The same contact information shall be provided for each contact name.

Zoning Map Amendment Information

1) Describe any change in conditions, trends, or other facts that necessitates the proposed zoning amendment. Furthermore, describe how the proposed zoning district will remedy the change in conditions, trends, or other issues.

Project Address or Tax Parcel ID:

Rezoning Information Continued

2) Describe how the proposed amendment furthers the objectives of the Comprehensive Plan.

3) Provide any additional information necessary to document how the map amendment meets the review criteria established for zoning map amendments in Section 1203.03.

Certification and Signatures

Applicant Signature - I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this zoning map amendment application and any subsequent zoning permit or other review applications.

Print Name:

Signature:

Date:

Property Owner Signature - If the property owner is not the named applicant on this form, the property owner shall sign the form below acknowledging that the applicant is an authorized agent of the property owner as it relates to proposed project. If the proposed rezoning affects multiple properties owned by different property owners, each property owner subject to the rezoning shall be required to sign this form acknowledging consents of the rezoning request. Separate signature sheets or letters acknowledging such consent are acceptable.

Print Name:

Signature:

Date:

Note: A letter signed by the property owner, authorizing the applicant to act on their behalf may be submitted in lieu of the property owner's signature on this form.

Submittal Requirement Checklist

General Information

<input type="checkbox"/>	Completion of required pre-application conference
<input type="checkbox"/>	Zoning Map Amendment Review application form
<input type="checkbox"/>	Application fee
<input type="checkbox"/>	Legal description of the parcels subject to the proposed rezoning.
<input type="checkbox"/>	Sixteen copies of the plans and maps established below at a scale no smaller than 1 inch = 100 feet, unless otherwise noted – Eight of the copies shall be on pages with a minimum size of 24"x36" and the other eight copies shall be on pages with a minimum size of 11"x17". Additional copies may be required based on project specifics.
<input type="checkbox"/>	Eight copies of the Traffic Impact Study, if required. See Section 1211.04
<input type="checkbox"/>	Any additional information determined to be necessary by the Development Department

Vicinity Map (Scale may be smaller than 1" = 100')

<input type="checkbox"/>	Date, north arrow, scale, and a legend for all symbols
<input type="checkbox"/>	Boundary line of the land subject to the proposed rezoning
<input type="checkbox"/>	All surrounding properties, streets, and corporation limits within a minimum of 500' of the outer boundaries of the project site

Proposed Zoning Map

<input type="checkbox"/>	The existing and proposed zoning for all properties that are a part of this application for a zoning map amendment. The map shall also identify the existing zoning for all surrounding properties
<input type="checkbox"/>	Existing parcel lines for the properties to be rezoned and all parcel lines within 200' of the site
<input type="checkbox"/>	Existing streets within 200' of site with names and centerlines
<input type="checkbox"/>	Existing watercourses and bodies of water including any applicable flood hazard areas