Lake Township Zoning Commission Stark County, Ohio



Request for amendment or the Lake Township Zoning Resolution

This request must be filed with the clerk of the Township Zoning Commission. - Fee for all Amendment Requests is \$375.00. Application No. ______Date: _____ Applicant(s): City: ______State: ______Phone: _____ Owner of Premises: City: _____ State: ____ Zip: ___ Phone: ____ City: _____ State: ____ Zip: ____ Phone: _____ To The Lake Township Zoning Commission and The Lake Township Board of Trustees: I (we) hereby make application and request the Lake Township Zoning Commission to consider and petition the Lake Township Trustees to amend the Lake Township Zoning Resolution as hereinafter requested, dated , Premises affected are situated as follows: (please attach a legal description)_____

The premises are presently in thethat the premises be rezoned to	district; it is requested
that the premises of rezolica to	aistree.
The following are all the individuals, firms or corporand rear, and the property in front of (across the strethis request: (check tax records, in Stark County Re	eet from the premises which are the subject of
NAME	ADDRESS
The reasons for requesting such reclassification	ns are as follows:

Please attach a surveyor's or professional prepared drawing of the property involved in the proposed change from

_todistric
ensions of properties shown, a North arrow, the boundary line(s). Also attach a legal description desferring the property to the current owner(s).
District, please consult Article III of the Lake
fee of \$150.00 for Final Plan Submissions for PR to be determined by the Board of Trustees.
oth signatures are required. I (we) hereby certify accurate and true.
Applicant
Applicant
Property Owner
Property Owner
nd for said County and State, personally appeared who foregoing instrument and that the same is

	_, Stark County,	Ohio, this	day of
, <u>, , , , , , , , , , , , , , , , </u>			·
		_	
Notary Public			
TATE OF OHIO			
SS:			
STARK COUNTY			
he above namedacknowledged he/she/they dnis/her/their free act and dee	id sign the foreg	·	
IN TESTIMONY W	HEREOF I hav	e hereunto set my	hand and official seal at
INTESTIMONT W		-	
	•	Omo, uns	day or
	·		
Notary Public		-	

