VILLAGE OF EVENDALE
DEPARTMENT OF BUILDING COMMISSIONER

REQUEST FOR AMMENDMENT TO THE ZONING CODE OR ZONE CHANGE

APPLICANT: _____

ADDRESS: _____

PHONE NUMBER: _____

FOR ZONING CODE AMENDMENT:

SECTION NUMBER OF VILLAGE OF EVENDALE ZONING CODE YOU WISH TO AMMEND: _____

PROPOSED AMMENDMENT: _____

_____

_____

_____

_____

_____

_____

_____

_____

FOR ZONE CHANGE:

PROPERTY OWNER: _____

STREET ADDRESS: _____

AUDITOR'S PLAT: Book _____ Page: _____ Parcel: _____

CURRENT ZONE: _____

PROPOSED NEW ZONE: _____

I request to appear before Planning Commission on _____

_____ _____

SIGNATURE (MUST BE THE RECORDED PROPERTY OWNER(S)) DATE