



**VILLAGE OF EVENDALE
BUILDING DEPARTMENT**

Case No. _____

REQUEST FOR AMENDMENT TO THE ZONING TEXT

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NUMBER: _____

APPLICANT EMAIL: _____

FOR ZONING CODE AMENDMENT:

SECTION NUMBER(S) OF VILLAGE OF EVENDALE ZONING CODE YOU WISH TO
AMMEND:

APPLICATION NARRATIVE: Provide a narrative describing the request, including the purpose for the text change; how the new language will contribute to the safety, health, and general welfare of the Village; and how the request meets the goals and objectives of the Evendale Comprehensive Master Plan (include a separate sheet if necessary).

SIGNATURE

DATE

PC Hearing Date: _____ Decision: ☐ Recommend Approve ☐ Recommend Deny
VC Hearing Date: _____ Decision: ☐ Approve ☐ Deny Ord. No.: _____