



**VILLAGE OF EVENDALE
BUILDING DEPARTMENT**

Case No. _____

REQUEST FOR AMENDMENT TO THE OFFICIAL ZONING MAP

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NUMBER: _____

APPLICANT EMAIL: _____

ZONE CHANGE INFORMATION: Provide the location of the proposed zoning change.

PROPERTY OWNER: _____

STREET ADDRESS: _____

PARCEL ID NUMBER: _____

CURRENT ZONE: _____

PROPOSED NEW ZONE: _____

APPLICATION NARRATIVE: Provide a narrative describing the request, including the purpose for the zoning change, how all new permitted or conditional uses would be appropriate for the location, 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.: _____