



Application for Zoning Map Amendment

DEPARTMENT OF COMMUNITY DEVELOPMENT

697 Neeb Road, Cincinnati, Ohio 45233

Phone: (513) 922-2705 Fax: (513) 922-8767

Project Site Information *(Please print clearly)*

Address of land to be rezoned: _____

Present Zoning District: _____ Present Use of the Land: _____

Proposed Zoning District: _____ Proposed Use of the Land: _____

Auditor's Book 540 Page: _____ Parcel(s): _____ Acres: _____

Owner of the Property: _____

Owner's Address (Street): _____

City, State and Zip Code: _____

Owner's Telephone Number(s): _____

Applicant Information *(Please print clearly)*

Applicant: _____ Owner Agent Representative Other

Company: _____

Address (street): _____

City, State, and Zip Code: _____

Telephone Number(s): _____

E-mail Address: _____

I hereby attest to the truth and exactness of all of the information supplied on this application:

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

(Office Use) Property History: _____