



MAP OR TEXT AMENDMENT APPLICATION

City of Brunswick, Ohio

Name of Applicant: _____

Address of Applicant: _____

Phone Number where Applicant may be reached: _____

Name of Owner (if different): _____

Location and address of area to be rezoned: _____

_____ Permanent Parcel Number: _____

Present District: _____ **Proposed District:** _____

Application must include:

1. **Legal description** of area to be rezoned.
2. **Map** at a scale of 1 inch = 100 feet or larger (e.g. 1"=50') showing property to be rezoned and area within 500 feet of area to be rezoned.
3. **Names and tax mailing addresses** of all property owners, including Township owners, within 500 feet of area to be rezoned. In measuring the 500-foot distance, do not include any public right of way, including I-71. Mailing list not required if application will rezone 11 or more parcels.
4. For zoning text change, **existing and proposed text** language.
5. **Written statement** showing the following, as required by Section 1248.07:
 - (a) Evidence that the proposed map or text change is more in conformance with the adopted Comprehensive Plan than the existing map or text.
 - (b) Evidence that the proposed amendment would materialize in an equal or better Zoning Code than that existing.

Note: A limitation upon the **financial gain** from the land in question shall not constitute unreasonable zoning or establish cause to change the existing zoning.
6. **Fee of \$300, plus postage** for certified mail notices. Postage will be billed separately, and must be paid prior to public notice of application.

Signature of Applicant

Signature of Owner (if different)

Date

Date

Receipt No. _____ No. certified notices _____ Postage fee _____ at _____ per notice

Paid _____ Public Hearing Date: _____ Recommendation to City Council: _____
