

Case Number: _____

Date Filed: _____

**KINGSTON TOWNSHIP
DELAWARE COUNTY, OHIO**

**APPLICATION FOR AMENDMENT OF ZONING MAP
(REZONING) (12-14-23)**

All applications must be submitted to the Zoning Office, 4063 Carter's Corner Road, Sunbury, OH 43074, Phone 740-524-0290, with a \$300.00 filing fee plus \$100 per acre. The Application shall be accompanied by the following information and arranged into 10 complete packets:

- ___ Typewritten or neatly printed application filled out completely;
- ___ Specified fee;
- ___ Narrative describing the overall intent of the rezoning request;
- ___ A list of all names and addresses of property owners, according to the Delaware County Auditor's Current Tax List, that are within, contiguous to, and across the street or easement from the premises in question, within 500' of the property line;
- ___ A set of stamped and addressed envelopes for all the names on the above-mentioned list; and,
- ___ Other pertinent supporting information (Attach the following items to the application).

- A legal description by text with map of the property to be affected by the proposed amendment.
- A vicinity map 11" X 17" showing property lines, streets, and existing and proposed zoning.
- A Preliminary Development Plan (if appropriate) per the appropriate section of the Kingston Township Zoning Resolution with a sketch 11" X 17" showing the following:
 1. The approximate number of lots intended to be created as well as the approximate lot dimensions and acreages, if the property is to be subdivided;
 2. The anticipated layout of the lots, as well as existing and anticipated streets and common access driveways;
 3. The approximate location of existing and natural features such as drainage courses, woods, and waterways; and,
 4. Methods of proposed provision of water, sewer, and safety services.
- A narrative statement of the relationship of the proposed amendment to the general health, safety, and welfare of the public in terms of impact, need and appropriateness within the area.
- A statement indicating how the proposed rezoning relates to the Kingston Township Comprehensive Plan recommended land use for the area proposed for rezoning.
- Such other information as may be required or requested by the Zoning Commission or Board of Trustees.

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Lessee: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Address of Property: _____

City: _____ Zip: _____

Range: _____ Section: _____ Farm Lot: _____

Subdivision Name: _____ Parcel # _____

Present Zoning District: _____ Proposed Zoning District: _____

Number of Acres to be Rezoned: _____

Present Use: _____

Proposed Use: _____

IT IS RECOMMENDED THAT APPLICANTS CONSULT THE KINGSTON TOWNSHIP ZONING RESOLUTION AND COMPREHENSIVE PLAN PRIOR TO MAKING APPLICATION--the complete Zoning Resolution and Comprehensive Plan are available on-line at www.kingstontwp.org or www.dcrpc.org , can be examined at the Sunbury Community Library, or can be purchased at the Zoning Office for \$35.00 each..

ALL SUBMISSIONS MUST BE TURNED IN 40 DAYS PRIOR TO THE HEARING IN ORDER TO
BE PLACED ON THE ZONING COMMISSION MEETING AGENDA

The undersigned certifies that this application and the attachments thereto contain all information required by the Zoning Resolution and that all information contained herein is true and accurate and is submitted to request the amendment of the zoning map. No previous application for district change of the above premises has been made during the 12-month period preceding this request. Applicant agrees to be bound by the provisions of the Zoning Resolution of Kingston Township, Delaware, County, Ohio.

Date: _____ Signature: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

For Office Use Only

Date Filed: _____ Fee Paid: _____ Date Notice Mailed: _____

Date of DCRPC Meeting: _____

Recommendation of DCRPC: Approved _____ Denied _____

Approved with Recommendations _____ (Attach)

Date of Zoning Commission Hearing _____ Date of Decision _____

Recommendation: Approved _____ Denied _____

Vote: Aye _____ Nay _____ Abstain _____

Date of Trustees Hearing _____ Date of Decision _____

Decision: Approval of Recommendation: Aye _____ Nay _____ Abstain _____

Denial of Recommendation: Aye _____ Nay _____ Abstain _____