

CLINTON COUNTY
BOARD OF COMMISSIONERS
111 S. Nelson Ave.
Wilmington, OH 45177

PETITION FOR AMENDMENT, SUPPLEMENT OR CHANGE OF THE ZONING RESOLUTION

Name of Applicant: _____ Phone No.: _____

Address of Applicant: _____

Name of Owner: _____ Address: _____

Premises affected, Street and No. : _____

Directions to Premises: Between _____ and _____

Lot Nos.: _____ in _____ Township

Metes and Bounds Descriptions: _____

PRESENT ZONING: _____ REQUESTED ZONING: _____

Attach full statement of proposed Amendment applied for and specifying whether Rezoning or/and Amendment or Supplement to the Regulations of the Zoning Resolution.

The above information, to my knowledge and belief, is true and correct.

Signature of Applicant

State of Ohio, County of Clinton, and ss:
Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public

My Commission expires _____, 20 _____