

CITY OF ROCKY RIVER

REQUEST FOR ZONING CHANGE

Date: _____

Owner/Applicant: _____

Address: _____ **Phone No.** _____

Property requested to be rezoned is described as follows: (*Show addresses and permanent parcel numbers and attach legal description (Exhibit "A")*).

Present Use: _____

Present Zoning: _____

Proposed Use: _____

Proposed Zoning: _____

How does this proposed rezoning relate to the Comprehensive Plan for the City of Rocky River?
(*A copy of the Comprehensive Plan is available for your use in the Building Division Office.*)

Attached is a vicinity map showing property lines, streets, existing and proposed zoning (Exhibit "B").

Also attached is a list of the names and addresses of all owners of property within, abutting on, and directly across the street from the parcel or parcels to be rezoned. In addition the names and addresses of all owners of property which is contiguous to any of the aforesaid property which abuts on or is directly across the street from the parcel or parcels proposed to be rezoned (Exhibit "C").

\$500.00 Filing Fee _____ **Signature:** _____

Date Paid

Note: *This application is to be submitted to the Director of Community Development, after which it will be transmitted to the Law Department for preparation of an ordinance for the consideration of the City Council and recommendation of the Planning Commission.*

All documentation or other information shall be delivered to:

**Director of Community Development
City of Rocky River
Building Department
21012 Hilliard Blvd.
Rocky River, Ohio 44116**