

**VILLAGE OF MILLERSBURG  
REQUEST FOR CHANGE OF ZONING DISTRICT**

ZONING PERMIT # : \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OWNER'S NAME & ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
(IF SAME AS APPLICANT WRITE SAME)

PROPERTY ADDRESS: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_ TAX PARCEL #: \_\_\_\_\_

(Tax parcel information must be provided, and can be obtained from your property tax bill or by calling the Holmes County Auditor at 674-1896.)

PRESENT USE OF PROPERTY: \_\_\_\_\_

PROPOSED USE OF PROPERTY: \_\_\_\_\_

PRESENT ZONING DISTRICT: \_\_\_\_\_ PROPOSED ZONING DISTRICT: \_\_\_\_\_

A PLOT PLAN OF THE PROPOSED SITE FOR THE CONDITIONAL USE, SHOWING THE LOT SIZE, THE SIZE AND LOCATION OF ALL BUILDINGS (MEASUREMENT OF FRONT, REAR , AND SIDE YARD SETBACKS, ) PARKING AND LOADING AREAS, TRAFFIC CIRCULATION, UTILITIES AND EASEMENTS, AND SUCH INFORMATION AS THE ZONING COMMISSION MAY REQUIRE, MUST BE SUPPLIED.

PLOT PLAN SUBMITTED: YES \_\_\_\_\_ NO \_\_\_\_\_

A LEGAL DESCRIPTION OF THE PROPERTY, AS RECORDED IN THE HOLMES COUNTY RECORDER'S OFFICE, MUST BE SUPPLIED.

LEGAL DESCRIPTION ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

THE FOLLOWING STATEMENT REPRESENTS AN EVALUATION OF THE EFFECTS ON ADJOINING PROPERTY, SUCH AS NOISE, GLARE, ODOR, FUMES AND VIBRATION, TRAFFIC, ETC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE NAMES AND MAILING ADDRESSES OF ALL PROPERTY OWNERS WITHIN 250 FEET, CONTIGUOUS TO AND DIRECTLY ACROSS THE STREET FROM THE PROPERTY, MUST BE ATTACHED. THIS INFORMATION CAN BE OBTAINED AT THE HOLMES COUNTY AUDITOR'S OFFICE, IN THE HOLMES COUNTY COURT HOUSE, FROM THE CURRENT TAX LIST.**

LIST OF ADJACENT PROPERTY OWNERS ATTACHED: YES \_\_\_\_\_ NO \_\_\_\_\_

I HEREBY STATE THAT THE INFORMATION SHOWN ABOVE AND ON THE PLOT PLAN AND ANY OTHER INFORMATION SUBMITTED, IS ACCURATE:

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

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DO NOT WRITE BELOW THIS LINE  
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**FEE \$100.00**

APPLICATION RECEIVED BY \_\_\_\_\_ DATE: \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_

DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ REJECTED: \_\_\_\_\_

SUBJECT TO THE FOLLOWING CONDITIONS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ ZONING INSPECTOR: \_\_\_\_\_