



*Village of Saint Paris*  
135 W. Main St., St. Paris, Ohio 43072  
Phone 937-663-4329 Fax 937-663-0350  
[www.stparisohio.org](http://www.stparisohio.org)

## APPLICATION FOR ZONING AMENDMENT

1. **Name of Applicant** \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number (Personal) \_\_\_\_\_ (Business) \_\_\_\_\_

2. **Address of Property:** \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

3. **Existing Use** \_\_\_\_\_

4. **Proposed Use** \_\_\_\_\_

5. **Present Zoning District** \_\_\_\_\_

6. **Proposed Zoning District** \_\_\_\_\_

7. **Supporting Information:** Attach the following items to the application:

- A vicinity map showing property lines, streets, and existing and proposed zoning. (Property information can be found at [auditor.co.champaign.oh.us/](http://auditor.co.champaign.oh.us/))
- A list of all property owners within, contiguous to, and directly across the street from the proposed rezoning.
- A statement of how the proposed rezoning relates it to the comprehensive plan.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

FOR OFFICIAL USE ONLY

Date Filed \_\_\_\_\_

Date Notice Sent to Newspapers \_\_\_\_\_

Date Notice Sent to Adjacent Property Owners \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Decision of the Board of Zoning Appeals:    Approved \_\_\_\_\_ Denied \_\_\_\_\_

If approved, the following conditions and safeguards were prescribed:

1. \_\_\_\_\_

2. \_\_\_\_\_

If denied, reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Planning Commission Chairman

\_\_\_\_\_  
Date

St. Paris Village Council

Date of recommendation received from Planning commission \_\_\_\_\_

Date Of Public Hearing \_\_\_\_\_

Date of Legal Ad in Newspaper \_\_\_\_\_

Action by village council:    Approved \_\_\_\_\_ Denied \_\_\_\_\_

If denied, state reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Village of St. Paris

\_\_\_\_\_  
Date