



THE VILLAGE OF LEXINGTON

44 West Main Street
Lexington, Ohio 44904
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PETITION FOR ZONING AMENDMENT
VILLAGE OF LEXINGTON

Application # _____

NAME OF PETITIONER _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NUMBER _____

NAME OF PROPERTY OWNER (if different from above) _____

ADDRESS _____ CITY _____ STATE _____

ZIP _____ PHONE NUMBER _____

DESCRIPTION OF PROPERTY TO BE REZONED

LOT # _____ OR ACREAGE _____

ADDRESS _____

EXISTING ZONE DISTRICT _____ REQUESTED ZONING _____

ATTACH TAX MAP OR OTHER DETAILED MAP TO IDENTIFY THE SPECIFIC PARCEL OR
PARCELS INVOLVED.

DESCRIPTION OF PROPOSED USE _____

ATTACH A SITE PLAN SHOWING ALL EXISTING OR PROPOSED STRUCTURES, PARKING LOTS, AND
ENTRANCES AND EXITS ONTO ADJACENT STREETS.

SUPPLY NAMES AND ADDRESSES OF THE OWNERS OF ALL PROPERTIES CONTIGUOUS TO, AND ACROSS THE
STREET FROM THE PARCEL(S) TO BE REZONED.

THE APPLICANT SHALL STATE IN HIS OWN WORDS WHY THE EXISTING ZONING DOES NOT ALLOW FOR THE
BEST USE OF THE PROPERTY IN QUESTION. LIMITATION OF PERSONAL FINANCIAL OR ECONOMIC BENEFIT
SHALL NOT CONSTITUTE UNREASONABLE ZONING FOR THE PURPOSES OF THE VILLAGE ZONING CODE.
THE APPLICANT SHALL MAKE REFERENCE TO SPECIFIC SECTIONS OF THE ZONING CODE OR ZONING MAP
THAT HE/SHE IS PROPOSING TO HAVE AMENDED.

SIGNATURE OF PETITIONER _____ DATE _____

SIGNATURE OF PROPERTY OWNER _____ DATE _____
(if different)

RECEIPT OF PAYMENT OF \$100.00 APPLICATION FEE _____

DATE OF SUBMISSION BEFORE VILLAGE COUNCIL _____

DATE OF PUBLIC HEARING _____

RECOMMENDATION OF PLANNING COMMISSION _____

DECISION OF VILLAGE COUNCIL _____

DATE

SIGNATURE OF ZONING INSPECTOR