City Use Only:
Fee: $300.00
Date Rec: _____
Date Paid: _____
Receipt # _____

CITY OF BUCYRUS
CITY COUNCIL
AMENDMENT APPLICATION

APPLICANT NAME: _____
ADDRESS: _____
PHONE: _____ CELL: _____

Owner of Property (If Different from above): _____

LOCATION OF PROPERTY:

- PROJECT NAME AND ADDRESS: _____
- CROSS STREETS _____ AND _____
- ZONING DISTRICT _____ ACREAGE _____
- INLOT/OUTLOT NO. _____
- PARCEL NO.(S) _____
- LEGAL DESCRIPTION: (Provide Attachment as Necessary): _____

MAP OF SUBJECT PROPERTY:
The Applicant shall submit eight (8) copies of a map of the subject property, accurately drawn to an appropriate scale on an 8 ½ x 11 inch or 11 x 17 inch sized sheet. The map shall be submitted in addition to the property description. The map shall include the subject property and all land boundaries within five hundred (500) feet of subject property. All existing structures, proposed structures, property lines, street right-of-way, and easements, shall be indicated on the map.

ADJACENT PROPERTY:
A list of all property owners within the two hundred (200) feet, contiguous to, and directly across the street from the parcel(s) proposed to be rezoned and their address as appearing on the Crawford County Auditor's current tax list. The requirement for addresses may be waived when more than ten (10) parcels are proposed to be rezoned.

Name	Address, City, State, Zip Code

AMENDMENT INFORMATION:

1. Proposed Use of Development of Land: _____

   _____

   _____

   ☐ Plot Plan ☐ Building Plan ☐ Development Plan

   ☐ Photographs ☐ Sketch ☐ Other (specify)_____

2. State briefly how the proposed zoning and development relates to the existing and probable future land use character of the vicinity.

   _____

   _____

   _____

3. Has an application for rezoning of this property been denied by the Council of Bucyrus within the last two (2) years? No_____ Yes _____ .
   If yes, state the basis of reconsideration. _____

   _____

I understand that once zoning has been approved, the applicant must still submit plans to the City of Bucyrus Engineering Department, and meet applicable regulations of the Ohio Basic Building Code. (Approval of zoning does not relieve the applicant of obtaining Building Permit Approval).

APPLICANTS AFFIDAVIT

State of Ohio
County of Crawford ss:

I/We _____
being duly sworn, depose and state that I am/we are the owner(s) Lessee(s) of land included in the application and that the foregoing statement herein contained and attached, and information of attached exhibits thoroughly to the best of my our ability present the arguments in behalf of the application and that same is true and correct in all respects to the best of my/our knowledge and belief.

_____
(Name and Title)

_____
(Mailing Address)

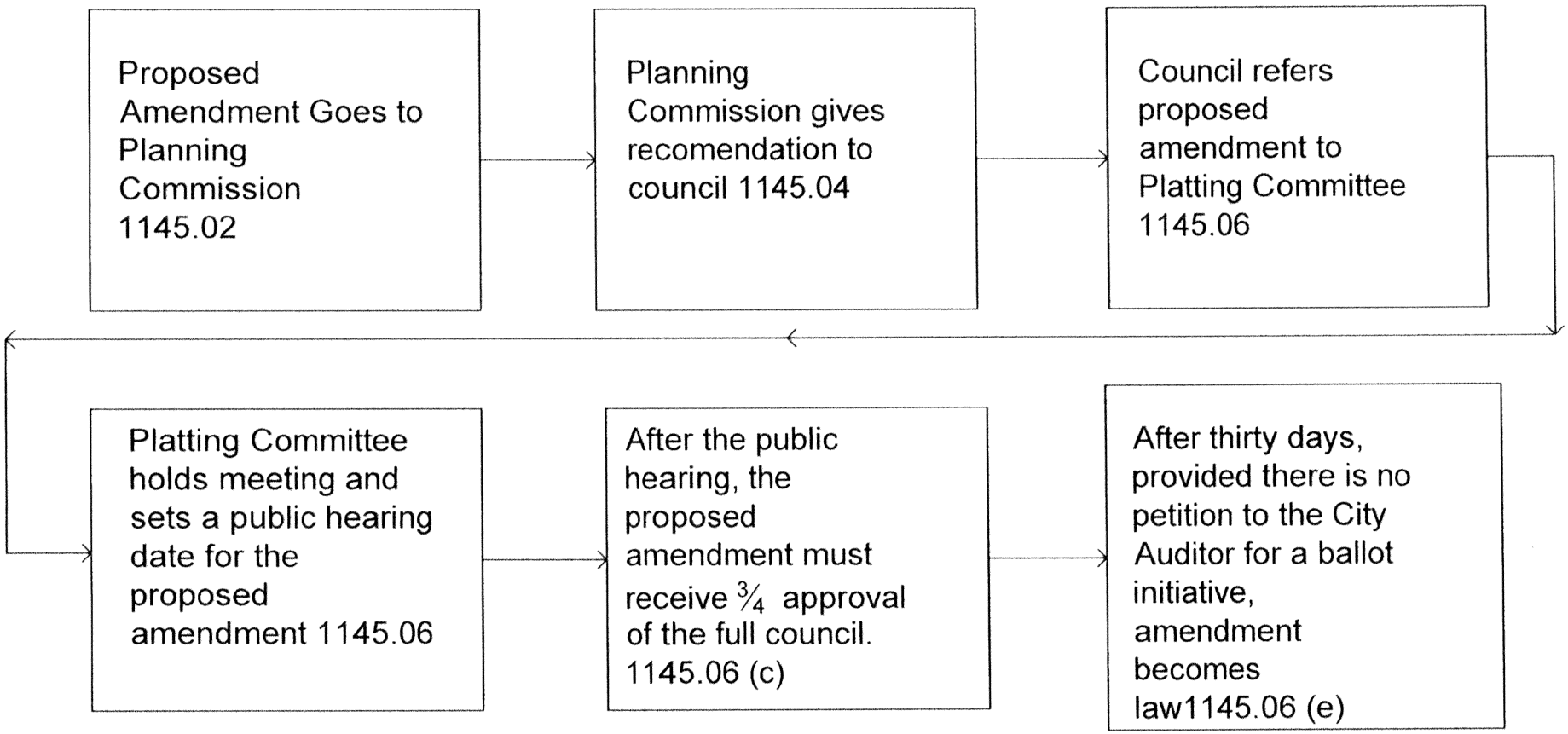
_____
(City, State, Zip Code)

_____
(Phone No.)

Sworn to and subscribed before me this _____day of _____, 20_____.

_____
Notary Public

(SEAL)
Person to be contacted for details, if other than above signature:

_____
(Name) (Address) (Phone No.)

FLOW CHART FOR AMENDMENT PROCESS TO REZONE PARCELS WITHIN THE CITY OF BUCYRUS