

**THORN TOWNSHIP ZONING**

**Adopted November 12, 1991 (Amended: 7/10/92, 9/1/93, 4/11/00, 10/11/17)**

***Title 5, Chapter 519.02 of the Ohio Revised Code empowers the Thorn Township Trustees to regulate building and land use in unincorporated territory***

**Circle one after copies are made**

**ORIGINAL / COPY**

**APPLICATION FOR DISTRICT CHANGE**

**Application Fee: \$2000.00 *Non-refundable***

**Make check or money order payable to the Thorn Township Trustees and attach to the original copy of the District Change application package**

**PLEASE FILL OUT THE FOLLOWING:**

**Owner of Affected Property:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone or Cell Number:** \_\_\_\_\_

**Physical Address of Affected Property:** \_\_\_\_\_

**Agent Applicant (if applicable):** \_\_\_\_\_

**Agent Mailing Address (if applicable):** \_\_\_\_\_

**Agent Phone or Cell Number (if applicable):** \_\_\_\_\_

**Current use of the Affected Property:** \_\_\_\_\_

\_\_\_\_\_

**Intended Use of the Affected Property:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING ATTACHMENTS:**

**Attachment A:** Provide a map drawn to scale of affected property showing property lines, roads, existing structures, and the proposed changes.

**Attachment B:** Provide a plat map of the affected property and all other parcels within 200 feet.

**Attachment C:** Provide a typed list of all names and addresses of property owners contiguous to and directly across the street/road within 200 feet of the affected property. Their addresses shall be as shown on the property tax list at the Perry County Recorder's Office in New Lexington, Ohio. Please provide their mailing address as provided.

**Attachment D:** Provide a typed statement of what effects your project will have on the following: Adjoining properties, traffic flow, storm drainage, and schools. The type of drinking water supply and sewage disposal system should be indicated. Also include any other information that you feel would help the commission to reach a decision.

**Attachment E:** Provide a copy of the deed of the affected property. The copy of the deed **MUST** be date stamped within the last 30 days of the date of this application by the Perry County Recorder's Office.

**Make ten (10) copies of each of the attachments and attach to a copy of the application. Submit ten (10) copies of the District Change package to the Thorn Township Zoning Secretary or the Thorn Township Zoning Inspector.**

*Once the application has been accepted as complete, by the Zoning Secretary, a public hearing for the District Change request will be scheduled.*

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**For Administrative Use Only**

**Date Application Received:** \_\_\_\_\_ **Amount Received & Check #** \_\_\_\_\_

**Date Application Accepted as Complete:** \_\_\_\_\_ **Date of Public Hearing:** \_\_\_\_\_

**Current Zoning Classification:**

\_\_\_\_ Northwest Residential      \_\_\_\_ Industrial      \_\_\_\_ Rural Residential

\_\_\_\_ Urban Density Residential      \_\_\_\_ PRD      \_\_\_\_ Rural Business

\_\_\_\_ Special Use