



REQUEST FOR REZONING OF PROPERTY

City of Clyde, Ohio

FORM NO. 113

Name: _____ Date: _____

Owners Address _____

Phone: _____ Fax: _____

Location of Property: _____

Do you have title to the property: _____ Yes _____ No

If No: Do you have option to Purchase? Explain

Description of Property: _____

Parcel # _____ Type of Development Proposed: _____

Present Zoning District: _____ Existing Use: _____

Proposed Zoning District: _____

Total Area _____ Acres No. of Buildings _____ No. of Dwelling Units _____

Is any part of the parcel located within the 100 Year Floodplain? _____ Yes _____ No

Reason for request:

List all property owners within, contiguous to and directly across the street from the parcel proposed to be rezoned:

Property owners with land abutting and directly across the street:

Property owners within 200 feet excluding abutting/adjacent owners:

Name and Address:

Name and Address:

A plat layout including parcels within 200 feet surrounding your parcel must accompany this application, together with the fee charged.