



## 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:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

Property owners within 200 feet excluding abutting/adjacent owners:

Name and Address:

\_\_\_\_\_  
\_\_\_\_\_

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