

# Application for Change of District Boundaries or Classification of Property on the Zoning Map

To: Planning Commission  
Village of West Lafayette  
West Lafayette, Ohio

Request No: \_\_\_\_\_

Request Filed Date: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

The property under consideration is located at: \_\_\_\_\_

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

There is herewith submitted a plot plan, drawn to scale, showing property affected. I am requesting permission to:

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

My reasons for Request are:

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

(continue on other side if more space is required)

Names & Addresses of all property owners within 150 feet of any part of the exterior boundaries of the proposed change:

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

Applicant Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Owner

Lessee

Holder of Opinion

**Deposit and cost of request**

Cost of request minimum fee \$15.00

(Costs associated include publishing or posting notice and mailing notices of the hearing or hearings)

Date: \_\_\_\_\_

Total fee required: \_\_\_\_\_

Received from: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Received by: \_\_\_\_\_  
(Zoning Inspector)

Balance remaining: \_\_\_\_\_

Date of Hearing to be determined.

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**Decision of Planning Commission:**

**Recommendations to Village Council:**

<b>PLOT PLAN</b>																			

