

**Map Amendment Request  
Nimishillen Township Zoning Resolution**

Date Filed: \_\_\_\_\_ BZA Case No.: \_\_\_\_\_  
Filing Fee: \$450

Applicant(s): \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Present Use:  Residential  Commercial  Industrial  Institutional  Agricultural  Other \_\_\_\_\_

**PROPOSED MAP AMENDMENT:**

To Rezone from: \_\_\_\_\_ To: \_\_\_\_\_  
Description of Action or Decision Being Appealed: \_\_\_\_\_

By signing this application on the line below, I hereby certify that all information contained herein is true and accurate, that I am the property owner for the property in which amendment is being filed and hereby give the applicant/appellant permission on my behalf the request for amendment application, as well as acknowledge the following:

The filing fee covers cost to the commission board, recorder's office & postage/ mailing supplies. Applicant will be responsible for additional costs incurred in the event of re-advertisement & re-notification of special studies deemed necessary by the Commission and filing fees to the Stark County Recorder's office for amendments that have been approved.

I understand the Board of Zoning Appeals (BZA) will schedule and hold a hearing of this application at which time all interested parties will be given an opportunity to testify. A majority vote of the BZA can reverse or modify the decision and/or administrative action being appealed.

I have enclosed a listing of property owners contiguous to and across the street from subject property.

I have submitted applicable fees, per the current Nimishillen township Fee Schedule and acknowledge that additional fee will be due for subsequent public hearings, if I so choose to table or withdraw this application.

\_\_\_\_\_  
Signature of Applicant or Agent                      Applicant Name printed/typed                      Date of Application

**INCOMPLETE APPLICATION FORMS WILL NOT BE PROCESSED**

Office Use Only

Date Received: \_\_\_\_\_ Type of Payment: Credit Cash Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

BZA Action: Approved Denied Modified                      BOT Action: Approved Denied Modified