



# HOWLAND TOWNSHIP

## Zoning Commission – Rezoning Application

205 Niles-Cortland Road NE  
 Howland Township, Ohio 44484  
 Phone: (330)856-5223 Fax: (330)609-5148

**NOTE: Applicants are encouraged to contact the Planning & Zoning Department for assistance and to discuss the processes prior to submitting a formal application.**

<b>FOR OFFICE USE ONLY:</b>	
Receipt Number:	Application Number:
Amount Received:	Date Received:
Type of Request:	
N, S, E, W (Circle) Side of (Street):	
Approximate Distance to Nearest Intersection:	FEET, N, S, E, W (Circle) from Nearest Intersection
Nearest Intersection:	AND
Township Region (Circle):	1    2    3    4    5    6    7    8

Trumbull County Planning Commission Review Date:
Howland Township Zoning Commission Review Date:
Howland Township Zoning Commission Action:
Board of Trustees (First Reading):
Board of Trustees (Second Reading):
Howland Township Board of Trustees Action:

**I. PLEASE CHECK THE TYPE OF APPLICATION:**

- Planned Unit Development District (*Zoning Resolution Section 26*)
- Residential Cluster Home (*Zoning Resolution Section 27*)
- Other (Please Describe) \_\_\_\_\_

**II. PROPERTY INFORMATION: *This section MUST be complete.***

Property Address:	
Tax ID/Parcel Number:	Parcel Size (Acres):
Existing Zoning and Land Use Development:	
Proposed Zoning and Land Use Development:	

**III. REZONING STATEMENT: *Please type or print clearly. Please attach additional sheets if necessary.***

State briefly how the proposed rezoning and development relates to the existing and potential future land use development and character of the vicinity:

State briefly how the proposed rezoning will meet the PUD or other proposed zoning classification development standards:

**IV. PLEASE SUBMIT THE FOLLOWING: *Please submit all plans in scaled (11" x 17" or 24" x 36") format.***

- ONE (1) ORIGINAL, COLOR, SIGNED AND NOTARIZED APPLICATION, AND FIFTEEN (15) COPIES.**
- FIFTEEN (15) COPIES OF A LEGAL DESCRIPTION OF THE PROPERTY.**
- FIFTEEN (15) COPIES OF A TAX PARCEL ID MAP** indicating surrounding property owners and parcel numbers for parcels within **150 feet** of the site. These must be acquired from the Trumbull County Auditor.
- FIFTEEN (15) COPIES OF A SCALED SITE/STAKING PLAN, SHOWING:**
  - a.** North arrow and bar scale.
  - b.** Location, size and dimensions of all existing and proposed conditions and structures (significant natural features, landscaping, structures, additions, decks, access ways, parking).
  - c.** Proposed use(s), densities, general layout, building types, square footages, open space, parking, etc.
  - d.** Size of the site in acres/square feet, and dimensions in feet.
  - e.** All property lines, setbacks, street centerlines, rights-of-way, easements, and other information related to the site.
  - f.** Location, number, length, width and surface of all existing and proposed parking spaces (if applicable).
- FIFTEEN (15) COPIES OF SCALED, ARCHITECTURAL ELEVATIONS (IF APPLICABLE)** with proposed materials noted.
- FILING AND PUBLIC NOTIFICATION FEE.** See Howland Township fee schedule for listing. The applicant shall also be responsible for Public Notification costs incurred by the Township.

**V. CONTIGUOUS PROPERTY OWNERS: Please type or print clearly. Please attach additional sheets, if necessary.**

The *Ohio Revised Code* requires notification to surrounding property owners of pending applications under public review. Please list neighboring property owners within **150 feet** of the perimeter of the property. Information must be in accordance with the Trumbull County Auditor's current tax list. The Trumbull County Auditor can be reached via phone at (330) 675-2420. Electronic lists are encouraged.

PROPERTY OWNER (not Mortgage Company or Tax Service)	MAILING ADDRESS	CITY, STATE, ZIP CODE

**VI. PROPERTY OWNER: This section MUST be completed.**

Current Property Owner:	
Mailing Address (Street, City, State, Zip Code):	
Daytime Phone Number:	Fax Number:
E-mail or Alternate Contact Information:	

**VII. REPRESENTATIVE(S) OF OWNER: Please complete, if applicable. Attach sheets for additional representatives.**

Representative (Tenant, Contractor, Architect, etc.):	
Mailing Address (Street, City, State, Zip Code):	
Phone Number:	Fax Number:
E-mail or Alternate Contact Information:	

VIII. **PRIMARY CONTACT:**  
Who is the PRIMARY CONTACT PERSON for this application? \_\_\_\_\_

IX. **AUTHORIZATION TO VISIT PROPERTY:** Site visits to the property by Township representatives are essential to process this application. The Owner, as notarized below, hereby authorizes Township representatives to visit and photograph the property described herein.

X. **AUTHORIZATION FOR OWNER REPRESENTATIVE:** *This section MUST be notarized. Please complete, if applicable and attach additional sheets for additional representatives.*

I/We, _____, the owner(s), hereby authorize _____ to act as my/our representative in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
<b>Signature of Current Property Owner:</b>	<b>Date:</b>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
State of \_\_\_\_\_ Notary Public  
County of \_\_\_\_\_

XI. **APPLICANT'S AFFIDAVIT:** *This section must be completed and notarized.*

I/We, _____, the owner(s) or authorized representative(s), have read and understand the contents of this application. The information contained in this application, attached exhibits, and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
<b>Signature of Current Property Owner:</b>	<b>Date:</b>

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
State of \_\_\_\_\_ Notary Public  
County of \_\_\_\_\_