



**CITY OF NEWARK**  
**ENGINEERING & ZONING**

BR-_____
Zoning File # _____

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.gov

**Temporary Board of Zoning District Revision Application**

Date:
Property Address:

*Please attach the applicable portion of the Zoning Map and identify the property*

<b>Zoning District prior to Ordinance 08-33</b> (adopted 5/4/2009):	
<b>Present Zoning District:</b> _____	<b>Proposed Zoning District:</b> _____

<b>Present Use:</b> <input type="checkbox"/> Vacant Land <input type="checkbox"/> Vacant Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial (specify): <input type="checkbox"/> Industrial (specify): <input type="checkbox"/> Other (specify):	<b>Proposed Use:</b> <input type="checkbox"/> Vacant Land <input type="checkbox"/> Vacant Building <input type="checkbox"/> Residential <input type="checkbox"/> Commercial (specify): <input type="checkbox"/> Industrial (specify): <input type="checkbox"/> Other (specify):
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*Please attach a detailed description of the reason for the requested District Revision*

Property Owner:
<b>Name:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Email Address:</b>

Applicant:
<b>Name:</b>
<b>Address:</b>
<b>Phone Number:</b>
<b>Email Address:</b>

<b>Signature:</b> _____	<b>Date:</b> _____
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*If you are not the Owner, you must provide a signed and notarized statement from the Owner, giving you permission to represent them in the above request.*

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**For Office Use Only**

**RESPONSE TO REQUEST FOR ZONING REVISION**

Date:
To: (applicant)
Regarding Property Address:

**BOARD OF REVISION RESPONSE**

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

On this meeting date, the Board of Revision \_\_\_\_\_ with  
(agreed/disagreed)

your request and therefore \_\_\_\_\_ recommend to the Planning  
(will/will not)

Commission that your property be zoned \_\_\_\_\_.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

**PLANNING COMMISSION RESPONSE**

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

On this meeting date, the Planning Commission voted to \_\_\_\_\_  
(affirm/not affirm)

the recommendation of the Board of Revision and therefore your Zoning District  
\_\_\_\_\_ be revised.

(will/will not)

\_\_\_\_\_  
Planning Commission Director

\_\_\_\_\_  
Date

The zoning of your property will:

Remain \_\_\_\_\_

Be changed to \_\_\_\_\_

**If you have questions regarding this form, please contact the Engineering Office at (740) 670-7727.**

Cc: Zoning, Service Director