



City of Milford

745 Center Street, Suite 200, Milford, OH 45150 _ www.milfordohio.org

General Administration
(513) 831-4192
(513) 248-5096 Fax

Application for Zoning Change

Name(s) of Applicant: _____

Address: _____

Telephone Number: _____

Name(s) of Owner: _____
(if different from applicant)

Owner's Address: _____

Property Address (if assigned): _____

Property Parcel ID number: _____

Current Zoning: _____

Current Use of Property: _____

Property Size: _____

Current Building Size (if any): _____

Proposed Zoning: _____

Proposed Use: _____

VERIFICATION

State of Ohio

ss:

County of _____

_____, being first duly cautioned and sworn, deposes and says that the information contained in the foregoing application together with its attachment is true as he/she verily believes.

Sworn to before me and subscribed in my presence this _____ day of _____, 20__.

Notary Public

If the application is in order, a date for public hearing will be set so as to permit the required 30 days public notice. Copies of the application together with a notice of the hearing will be distributed to each member of the Planning Commission. The City Manager, the police, fire, engineering, sewer and water departments and zoning inspector shall also receive a copy of the application and notice of hearing with a request that they comment upon the application either by letter to the Commission or by personal appearance at the Commission hearing.

Thirty days prior written notice will also be given to each person in the list referred to in number 3 above.

City of Milford
Planning Commission Chairman