

CANTON TOWNSHIP TRUSTEES

4711 Central Ave SE

Canton, Ohio 44707

330-484-6324 330-484-2556 fax

cantontwp-oh.gov

CANTON TOWNSHIP, STARK COUNTY

**APPLICATION FOR RECLASSIFICATION OF PROPERTY
UNDER THE ZONING ORDINANCE**

APPLICATION NO: _____

DATE FILED: _____

Application is hereby made to Canton Township Zoning Commission to reclassify the below described property now in _____ district to a _____ district.

A. Description of property and Location by:

Street Name and Number: _____
and Lot Number / Allotment or meets and bounds:

B. The reason for requesting such reclassification is:

C. Attached are names and addresses of the owners of property adjacent and across the street as required by Ohio Revised Code 519.12. (Submit plat plan and legal description of existing buildings and/or of buildings to be constructed.)

D. Applicant is ___ Owner, ___ Lessee, ___ Other (specify status)

E. If applicant is other than owner, consent of owner must be obtained

F. Respectfully submitted this _____ day of _____, _____.

Name of Applicant: _____, Address: _____, Phone: _____

G. Deposit for cost of mailing of hearings, to property owners, in the amount of \$ _____.

Received _____

Date

Signature of Zoning Inspector