



Village of Commercial Point

P.O. Box 56  
Commercial Point, Ohio 43116  
(614) 877-9248

**Rezoning Application**

Date Received: \_\_\_ / \_\_\_ / \_\_\_

**Property Information**

Street Address: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Requested Zoning Classification: \_\_\_\_\_

**Property Owner Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_

*The Undersigned hereby applies for a zoning certificate, to be issued on the basis of the representation contained herein, all of which the applicant swears to be true. The applicant further agrees to conform to all zoning regulations in force on the date of the application for the area represented.*

Property Owner Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

Fee Paid: \_\_\_\_\_

**Public Hearing:**

Date: \_\_\_ / \_\_\_ / \_\_\_

**Council Decision:**

Date: \_\_\_ / \_\_\_ / \_\_\_

\_\_\_\_\_ Approve      \_\_\_\_\_ Deny

\_\_\_\_\_ Approved with Conditions

Conditions (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Rezoning Application:**

\_\_\_\_\_ Approve      \_\_\_\_\_ Deny

\_\_\_\_\_ Approved with Conditions

Zoning Administrator Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_



**Guidelines for Submission of Application**

1. All fees and costs must be submitted with the completed application.
2. See Chapter 1143 of the Commercial Point Zoning Code for the required submittals and other relevant information pertaining to this application.

**Rezoning Fees**

Review Fee: \$250.00

Notification Fee: \$7.00 for each property owner required to be notified.