



# ZONING RESOLUTION AMENDMENT APPLICATION

5111 South Old 3C Highway, Westerville, OH 43082

P: 614.899.0725

[www.GenoaTwp.com](http://www.GenoaTwp.com)

[Zoning@GenoaTwp.com](mailto:Zoning@GenoaTwp.com)

DEPARTMENT OF  
DEVELOPMENT & ZONING

#: \_\_\_\_\_

## APPLICANT INFORMATION

Name(s): \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you submitting this application on behalf of the property owner? \_\_\_ Yes \_\_\_ No

**PROPERTY INFORMATION - In accordance with Ohio Revised Code Section 519.12, in order to initiate text amendments, the applicant must own or lease land within the area proposed to be changed. If the subject property is the same as listed above, check here:**

Property Owner Name(s): \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: OH ZIP Code: \_\_\_\_\_

Development/Subdivision Name (if applicable): \_\_\_\_\_

## REPRESENTATIVE INFORMATION—If the same as applicant, check here:

Name(s) and Firm/Company: \_\_\_\_\_

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## PROJECT INFORMATION

Proposed amendments, including the affected Zoning Resolution section number(s) (attach separate sheets, if necessary):

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Provide a brief description of the purpose of the amendment(s) (attach separate sheets, if necessary):

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By signing this application, I hereby acknowledge: I am initiating the proposed text amendment(s) to the adopted Genoa Township Zoning Resolution; I have provided all required and applicable fees, materials, plans, and documentation, as well as the proper number of copies of each as required by the Zoning Fee Schedule and the Genoa Township Zoning Resolution; the information contained herein, as well as on all supplemental materials being submitted is true and correct; my application will be reviewed as submitted and may only be amended by re-submission; the subject request may require review by other governmental agencies; I and/or my agent will represent this application at any and all public hearings, be they held by Genoa Township or Delaware County; the applicant owns or leases land within the area proposed to be changed or affected; by signing this application I am the official applicant of record for this request; and this application may be rejected and returned, or denied, if found to be administratively incomplete and/or not in compliance with the Genoa Township Zoning Resolution and/or any other applicable rules or bylaws adopted by the Genoa Township Zoning Commission or Board of Trustees.

\_\_\_\_\_  
Printed Name(s) of Applicant(s)

\_\_\_\_\_  
Signature(s) of Applicant(s)

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

**NOTE: If the individual/entity owning or leasing the land in the area is/are not the official applicant(s) of record, they must also sign the application.**

\_\_\_\_\_  
Printed Name(s) of Individual/Entity

\_\_\_\_\_  
Signature(s) of Individual/Entity

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

\_\_\_\_\_ **Documentation proving that the applicant has the permission of the property owner(s) to submit this application and/or has a legal interest in the subject property(ies) has been submitted in lieu of the signature(s) of the property owner(s).**

**PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Application Complete? \_\_\_ Yes \_\_\_ No Staff Completing Review: \_\_\_\_\_

DCRPC Recommendation: \_\_\_ Approval \_\_\_ Denial Date of Action: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Commission Action: \_\_\_ Approved \_\_\_ Denied Date of Action: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Trustees Action: \_\_\_ Approved \_\_\_ Denied Date of Action: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## GENOA TOWNSHIP - ZONING RESOLUTION AMENDMENT APPLICATION SUBMISSION CHECKLIST AND GUIDELINES

*This document is for reference purposes only. Please do not submit it with your application.*

### **CHECKLIST**—The following items must be submitted:

1. **Completed Application Form:** Please completely fill out, sign, and date the application form. Submission of an incomplete application may delay processing.
2. **Township Fee (per current fee schedule):** Fees must be paid at the time the application is submitted. Only checks (made payable to Genoa Township) or credit cards are accepted. Credit cards must be presented in person at the Administrative Office, information cannot be taken over the phone.
3. **Delaware County Regional Planning Commission Fee (per current fee schedule):** Fees must be paid at the time the application is submitted. Please contact the Regional Planning Commission with any questions about their fees.
4. **Materials:** 10 copies of the proposed text amendment(s), written verbatim with specific references to all text proposed for removal and that proposed for addition or modification. New sets will need to be submitted with each revision. NOTE: Only 6 copies of said materials are required for the Trustees hearing.
5. **Digital Copy:** A CD or flash drive containing digital copies of said materials (in a commonly used file format such as PDF or JPEG). A new CD or flash drive will need to be submitted with each revision.

### **WHERE TO FIND INFORMATION:**

- The Genoa Township Zoning Resolution and the Genoa Township Comprehensive Plan can both be viewed online at: [www.GenoaTwp.com/ZoningDocs](http://www.GenoaTwp.com/ZoningDocs). NOTE: Only applications to amend the Zoning Resolution will be accepted. The Comprehensive Plan is not subject to such a process. An amendment or update of the adopted Comprehensive Plan can only be initiated by the Township.
- Public records are may be available at [www.GenoaTwp.com/Archive](http://www.GenoaTwp.com/Archive) or 614.899.0725. Public record reproduction fees may apply.
- Property information, recorded plat maps, subdivision information, square footage of parcels/lots and some buildings, as well as zoning district classification are available on the Delaware County Auditor's website, [www.delco-gis.org/auditor](http://www.delco-gis.org/auditor).

### **CONTACT INFORMATION:**

ORGANIZATION	WEBSITE	PHONE NUMBER
Delaware Co. Regional Planning (DCRPC)	<a href="http://www.dcrpc.org">www.dcrpc.org</a>	740.833.2260
Genoa Township Fire Marshal	<a href="http://www.GenoaTwp.com/Fire">www.GenoaTwp.com/Fire</a>	614.568.2040
Delaware County Building Safety	<a href="http://buildingsafety.co.delaware.oh.us">buildingsafety.co.delaware.oh.us</a>	740.833.2200
Delaware Public Health District	<a href="http://www.delawarehealth.org">www.delawarehealth.org</a>	740.368.1700
Ohio Utilities Protection Service (OUPS)	<a href="http://www.oups.org">www.oups.org</a>	800.362.2764 or 811
Delaware Soil and Water District	<a href="http://soilandwater.co.delaware.oh.us">soilandwater.co.delaware.oh.us</a>	740.368.1921
Delaware Regional Sewer District	<a href="http://regionalsewer.co.delaware.oh.us">regionalsewer.co.delaware.oh.us</a>	740.833.2240
Delaware County Engineer	<a href="http://engineer.co.delaware.oh.us">engineer.co.delaware.oh.us</a>	740.833.2400

Questions? Please contact the Development and Zoning office at 614.899.0725 or [Zoning@GenoaTwp.com](mailto:Zoning@GenoaTwp.com).