

**Jackson Township Zoning**

**CASE #:** \_\_\_\_\_

10613 Mahoning Ave  
North Jackson, OH 44451  
330-538-3093

**APPLICATION FOR ZONING MAP AMENDMENT**

Name of Applicant: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Property:

**The property is located at:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Parcel #:** \_\_\_\_\_

**Existing Use:** \_\_\_\_\_

**Current Zoning:** \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Proposed Zoning Requested:** \_\_\_\_\_

This application must be submitted by the property owner or with the signed consent of the property owner.

\_\_\_\_\_  
Signature of Applicant

**This application must be accompanied by a check payable to Jackson Township Board of Trustees in the amount of \$425.00 and no refund will be issued if withdrawn after hearing notification is published.**