## Salem Township Zoning PO Box 171, Morrow Ohio 45152 (Eff. 03/22/2022)

Application #\_\_\_\_\_

Salemtownshipzoning2@gmail.com

1)	Application for Zoning Map Amendment Non-Commercial Commercial PUD  Owner (s)/Lessee(s) Name(s):	
	Phone: E-mail:	
	Address:	
2)	Property location / Address:	
	Parcel Id # Township: SALEM	
3)	Current Use Proposed Use	
4)	Request Zoning to change to:from:	
5)	Property Description: Total Acreage:Public Road Frontage (feet):	
6)	Are there any Variances to the Zoning Regulations being requested? Yes: No:	
7)	Application requires compliance with the following in order for the Application to be complete:	
Owi	If Applicant is a corporation, Limited Liability Company or organized otherwise, corporate capacity must be state ner(s)/Lessee(s) Name(s):	
Owi	ner(s)/Lessee(s) Signature(s): Date:	
	Te do hereby acknowledge that I/We have reviewed the attached Application completed and signed by the plicant, and do hereby authorize as Applicant to file proceed with this Application for a zoning map amendment concerning My/Our property listed above.	