



CITY OF COSHOCTON PLANNING ZONING COMMISSION APPLICATION

Request Number _____ Date Request Filed _____

Zoning District _____ Date of Hearing _____

The property under consideration is located at _____

I am requesting permission to _____

*** A legal description of the property must be attached to application for zoning change**
**** You may be required to provide supporting documentation such as architectural plans and engineer drawings**

Application fee is \$100.00 due at the time of submittal. You will be invoiced for the legal ad and postage. All fees must be paid before the date of the hearing.

Owner/Representative Signature _____

Owner _____ Lessee _____ Holder of Option _____

Address _____ Phone _____

Date Appeal Filed _____ Date of Hearing _____

Zoning District _____ Date of Legal Ad _____

Application Fee Received _____ Date _____

Legal Ad/Postage Fee Received _____ Date _____

2nd Legal Ad Fee Received _____ Date _____

Planning Commission Clerk

Planning Zoning Commission

Member Signature

Vote

Request Granted _____

Request Denied _____

Reason for denial (to be completed by Board President)

President

Safety Service Director