

APPLICATION FOR ZONE MAP AMENDMENT

(Last Updated 07/29/2020)



INSTRUCTIONS

- Please complete the following application and mail to City of Youngstown Zoning Dept., Youngstown City Hall, 26 S. Phelps St. 5th Floor, Youngstown, OH 44503.
- Please also include a permit application fee (via check, cash, or money order) made payable to the City of Youngstown in the following amount:

	Fee
Change to Residential	\$100.00
Change to Commercial/Institutional	\$200.00
Change to Industrial	\$250.00
- This application may be withdrawn at any time by the Applicant upon written notice to the Secretary of the Board of Zoning Appeals and City Planning Commission. There shall be no refund after the notice of hearing on the request has been submitted for newspaper publication.
- The CPED Director will review this application and then refer the matter to the Planning Commission, which is a public hearing. This process may take 90 days or longer.

APPLICANT INFORMATION

Date of Application	
Name of Applicant	
Mailing Address	
Phone Number	
Email Address	
Have you contacted Economic Development?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted your Councilmember?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY INFORMATION

Owner		Parcel ID	
Address		Ward Number	
Current Zoning Classification			
Proposed Zoning Classification			
Proposed Use			
Supporting Information: You must attach (1) a legal description of the property referred to in this application, and also (2) a vicinity map, drawn to scale sufficient to show boundaries and dimensions of the property involved and all streets, lots, or parcels of land and existing zoning of land within at least 300 feet of said property.			

SIGNATURE

The undersigned hereby certifies that the information contained in this application is true and accurate; that he or she requests the consideration of change in zoning classification:

Signature of Applicant: _____

Date: _____

CITY OFFICE USE ONLY

Date Received		Director Recommendation	
Staff Initials		Director Signature	
Fee Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refer to Planning Comm.	
Receipt #		Hearing Date	