

ZONING USE APPLICATION

CITY OF MAUMEE – DIVISION OF ZONING

400 CONANT ST. MAUMEE, OH 43537

OFFICE: 419-897-7074 FAX: 419-897-7182 EMAIL: ZONING@MAUMEE.ORG

Filing Fee \$ _____

FEES ARE NOT TRANSFERABLE OR REFUNDABLE

Application Type: _____ ZONING CHANGE _____ CONDITIONAL USE

Address of property: _____

Tax District and Parcel No.: _____

Present zoning district: _____ Present Use: _____

Proposed zoning district: _____ Proposed Use: _____

Legal description (attach if more convenient): _____

I understand that in addition to the filing fee being paid with this application all cost allocated hourly fees for review, all costs of legal advertising, engineering or other consultants and legal fee expense incurred by the City of Maumee shall be paid by the undersigned whether this application is granted or not and that no change of zoning shall become effective nor shall any permit be issued and become effective until and unless all said costs are paid. I hereby choose to designate the following person as my agent to represent me on this matter:

_____	_____	_____
Name of Agent	Address	Telephone
(Owner Name if None)		

Owner: _____
Signature

Printed Name/Title

Address

Email

Telephone

Date

Staff Use Only:

Date Received: _____ Date filed with Municipal Clerk: _____

Planning Commission recommendation: _____ Date: _____

Maumee City Council action: _____ Date: _____