

**PETITION FOR ZONING MAP AMENDMENT**  
**AKRON CITY PLANNING COMMISSION**  
 REF. SECTIONS 153.220 & 153.434-.458 OF  
 THE CODE OF ORDINANCES OF AKRON, OHIO 2004

To: City Council, Akron, Ohio

Date: \_\_\_\_\_

The undersigned (circle one) **owner(s) / holder(s) of option / lessee(s)** / \_\_\_\_\_  
 \_\_\_\_\_ of at least 50% of the property herein involved, does  
 hereby petition for a Zoning Map Amendment as provided under the Code of Ordinances, Sections  
 153.434-.458 for purposes set forth below.

Changing from a \_\_\_\_\_ U H A \_\_\_\_\_ Use District

\_\_\_\_\_

To a \_\_\_\_\_ U H A \_\_\_\_\_ Use District

\_\_\_\_\_

· **SUPPORTING INFORMATION** ·

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION,  
 NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL LISTED ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): \_\_\_\_\_  
 \_\_\_\_\_
2. Estimated **TOTAL** value of all property as established by the County Auditor: \$ \_\_\_\_\_
3. Attach a copy of the property deed(s) for all parcels involved in this Petition and a legal description and plat prepared by a registered surveyor.
4. If plats/plans were drawn using AutoCAD, please submit a copy of the drawing file(s) on a **CD-ROM**. (See specification list.) Please label the disk with the name of applicant and the site address.
5. Attach **photographs** of the existing site, sufficiently labeled.
6. Attach a **letter/narrative statement** containing:
  - (a) Statement of necessity and appropriateness, including an E.P.A. statement if required by the E.P.A.;
  - (b) General compatibility with adjacent and other properties in the district; and
  - (c) If a Class UPD is proposed, a detailed description of proposed uses and development standards, along with two sets of plans.

\_\_\_\_\_  
 PRINT/TYPE name of **OWNER(S)**

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
 PRINT/TYPE name of **OWNER(S)** Holder of option Lessee

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

PRINT/TYPE name of OWNER(S) \_Holder of option \_Lessee

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**ALSO NOTIFY:**

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT/TYPE NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

PRINT/TYPE name of OWNER(S) \_Holder of option \_Lessee

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**ALSO NOTIFY:**

Relationship to Petitioner (agent, attorney, principal, etc.)

PRINT/TYPE NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Alt./Cell Phone:( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to  
Office of Integrated Development, Zoning Division  
Municipal Building Room 400, 166 S. High Street, Akron, OH 44308-1628**

**Please make CHECKS PAYABLE to City of Akron.**

**Estimated TOTAL Value**

\$ 0 - 20,000  
\$ 20,001 - 100,000  
\$ 100,001 - more

**Applicable Fee**

\$ 250  
\$ 750  
\$ 1,500

This is to certify that a fee of  
\$ \_\_\_\_\_ has been  
received for investigation incident  
to this proposal.  
Receipt # \_\_\_\_\_

**PC – 2024 – \_\_\_\_\_ – RZ**

Councilperson \_\_\_\_\_ Ward \_\_\_\_\_

**COUNCIL TIME STAMP**

\_\_\_\_\_  
Signature of City Employee

\_\_\_\_\_  
Title

**ZONING TIME STAMP**

# 2024

## AKRON CITY PLANNING COMMISSION

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 19, 2024	DECEMBER 08, 2023
FEBRUARY 16, 2024	JANUARY 05, 2024
MARCH 15, 2024	FEBRUARY 02, 2024
APRIL 12, 2024	MARCH 01, 2024
MAY 10, 2024	MARCH 29, 2024
JUNE 14, 2024	MAY 3, 2024
JULY 12, 2024	MAY 31, 2024
AUGUST 16, 2024	JULY 05, 2024
SEPTEMBER 20, 2024	AUGUST 09, 2024
OCTOBER 18, 2024	SEPTEMBER 06, 2024
NOVEMBER 15, 2024	OCTOBER 04, 2024
DECEMBER 13, 2024	NOVEMBER 01, 2024

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.