



APPLICATION FOR TIME EXTENSION FOR ZONING PERMIT

Prairie Township Board of Zoning Appeals

Prairie Township Zoning Resolution – Section 305, et seq.

BZA USE ONLY

Application No. _____

Date Filed _____

Fee Receipt No. _____

Received by _____

1. (a) Name of Owner(s) (and Lessee, if applicable) _____

Mailing Address _____

Phone Number: Home _____ Business _____

(b) Name, Address and Phone Number of Applicant (if other than the owner) _____

2. Locational Description of entire tract(s) for consideration:

Subdivision Name and Street Address: _____

Section _____ Township _____ Range _____ Block _____ Lot Number _____
(If not located in a subdivision, attach legal description.)

3. Existing Use _____

4. Zoning District _____

5. The undersigned requests an extension of time in the case of Zoning Permit Application No. _____, issued on _____, 20____, for the following reasons:

6. Supporting information. Three copies of a completed application shall be filed with the Zoning Inspector. At a minimum, the application shall contain the following information:

(a) A list of the name and mailing addresses of owners of all adjacent property and owners of property across the street from and within 1000 feet of the proposed use. In the case of a platted subdivision, the distance shall be reduced to 300 feet from the center of the lot in question.

(b) A copy of the previously approved Zoning Permit Application and its attachments, if any.

7. If the work described in this application and in the Zoning Permit previously issued is not begun within 1 year of the date of the Board's approval of the extension requested herein, or if the work described in the Zoning Permit is not substantially completed within 2 ½ years from the date of the Board's approval of the extension requested herein, this Permit shall expire and be revoked.

8. Certification:

The undersigned hereby certify that the information contained in this Application for Extension and its attachments is true and correct.

Date _____

Owner(s) Signature
Lessee(s) Signature (if applicable)

Applicant(s) Signature (if applicable)

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Date Received _____

Date of Notice to Parties in Interest _____

Date of Notice to Newspapers _____

Date of Public Hearing _____

Fee Paid \$ _____ Fee Receipt No. _____

Decision of Board of Zoning Appeals Approved: _____

Denied: _____

Other: _____

If application denied, reason for denial _____

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If approved, the following conditions and safeguards were prescribed: _____

If denied, reason for denial: _____

PRAIRIE TOWNSHIP BOARD OF ZONING APPEALS

Prairie Township Zoning Office
23 Maple Drive
Columbus, Ohio 43228

By _____
Chairman

Phone: (614) 878-3317

Date _____