



Steubenville Planning and Zoning Commission

City Hall * 115 South Third Street, Suite 108 * Steubenville, OH 43952 * Phone: (740) 283-6000 ext. 1700
Fax: (740) 283-6082 * Website: www.cityofsteubenville.us * Email: cdp@cityofsteubenville.us

Planning and Zoning Commission meetings are held the **FIRST MONDAY** of each month. All information on a Rezoning Request must be in the Planning and Zoning Commission office at least two weeks prior to the regular meeting date.

The Applicant/Property Owner or Agent **MUST** return the following information in **DUPLICATE COPIES** to the Planning and Zoning Commission office:

1. Signed application by all property owners;
2. Copies of all necessary legal descriptions;
3. Check for Zoning Fee (Made payable to the City of Steubenville);
4. Check for deposit for advertising and notification costs (Made payable to the City of Steubenville);
5. Signed copy of the Certificate Statement attached;
6. A copy of the tax map for the property and all plans and drawings that are required;
7. List of names and addresses of the owners of the property within a radius of two hundred fifty (250) feet measured from the approximate center of such parcel or parcels individually requested to be rezoned, including adjacent parcels.

It is the sole responsibility of the property owner/applicant to supply all the necessary copies of the plans and drawings, as well as any other pertinent information sufficient to adequately evaluate the application, to the Planning and Zoning Commission for review.

If you have any questions please feel free to contact the Planning and Zoning Commission office.

Christopher J. Petrossi
Urban Projects Director
Planning and Zoning Commission
(740) 283-6000 ext. 1702



City of Steubenville
Planning & Zoning Commission
115 S. 3rd St., Suite 108
Steubenville, OH 43952
(740) 283-6000 ext. 1700

Application for Rezoning

Date: _____

TO THE PLANNING & ZONING COMMISSION – CITY OF STEUBENVILLE

I (We), the undersigned, do hereby respectfully make an application and petition the City Council to amend the Zoning Ordinance and the Zoning Map of the City of Steubenville as hereinafter requested, and in support of this application, the following facts are shown:

1. Location of Parcel requested to be rezoned _____ also known as Lot(s) No. _____ in _____ located between _____ Street and _____ Street. It has a frontage of _____ feet, a depth of _____ feet, and a total size of _____ acre(s).

2. Owner(s) of this property are: _____ as evidenced by deed from _____ recorded in Deed Book _____, Page _____. Record of Deeds of Jefferson County, Ohio.

3. Indicate the requested property rezoning:

- | | | | |
|------|---|------|--|
| R-1 | Low Density Residential District | R-1A | Low Density Residential District |
| R-2 | Medium Density Residential District | R-2A | Medium Density Residential District |
| R-3 | High Density Residential District | R-3A | High Density Residential District |
| B-1 | Central Business District | B-2 | Community Commercial District |
| B-2A | Community Commercial District | B-3 | Regional Commercial District |
| B-4 | Professional and Business Office District | B-5 | Neighborhood Commercial District |
| I-1 | General Commercial & Industrial District | I-1A | General Commercial & Industrial District |
| I-2 | Light Industrial District | I-3 | Heavy Industrial District |
| C-1 | Hillside Conservation District | C-2 | River Conservation District |
| P | Public and Semi-Public District | | |

4. Present Zoning – From: _____
Request Change – To: _____

5. Describe the use proposed for the property: _____

6. Describe any new buildings or alterations to be done: _____

7. Front Yard Setback: _____

8. Side Yard Setback: _____

9. Rear Yard Setback: _____

10. Building Height: _____

11. Type of Screening, if required/provided: _____

12. Description of Common Open Space/Active Play Area, if required/provided: _____

13. Description of Buffer Zone, if required/provided: _____

14. Off-street parking area and/or spaces: _____

15. Attached is a copy of the County tax map which shows my property and other surrounding properties. (Obtain from the Jefferson County Tax Mapping Department in the Jefferson County Courthouse.)

Signature of Applicant(s)

Address of Applicant(s)

Applicant

Applicant

THE STATE OF OHIO

(SS:

JEFFERSON COUNTY

Before me, a Notary Public, in and for said County, personally appeared the above named _____
_____ who acknowledged that he/she
did sign the foregoing instrument and that the same is the free act and deed of said Municipal Corporation, and the free act
and deed of him/her personally and as such officer.

IN TESTIMONY WHEREOF, I hereunto set my hand and official seal, at _____,
this _____ day of _____, _____.

Notary Public

CERTIFICATE

I, _____, after having researched the list of all property owners located within a 250 foot radius of the property located and known as _____ Subdivision from the Mapping Department at the Jefferson County Courthouse do hereby certify that the list is true and accurate.

Signed: _____

Dated: _____

Please sign and return this form along with a list of names and addresses of the owners of property within a radius of 250 feet measured from the approximate center of such parcel or parcels individually requested to be rezoned, including all adjacent parcels.

Reference: CITY ORDINANCE CHAPTER 1191