



Planning and Zoning Department
4900 Parkway Drive, Suite 150
Mason, Ohio 45040
Phone (513) 701-6958 Fax (513) 701-6996

MAP AMENDMENT – STAGE 1

Please read then complete entire application. Incomplete applications may not be processed

Applicant's Name	_____	Telephone	_____
Applicant's Address	_____	Fax	_____
	_____	Email	_____
Owner	_____	Telephone	_____
Owner's Address	_____	Fax	_____
	_____	Email	_____

PROPERTY LOCATION

Complete mailing address including zip code		Parcel ID#
Current Zoning	Proposed Zoning	

Please include a cover letter explaining in detail why the need for a zone change and what is the intent of uses.

Applicant Name	Applicant Signature	Date
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The minimum application fee is \$1,200. Checks should be made payable to Deerfield Township

For office use only

Date filed _____ Fee _____ Receipt _____ Case # _____

Yes No Application criteria has been met