

# Application for Public Hearing

## City of Napoleon, Ohio

I/We hereby request a public hearing to consider the following:

<u>Planning Commission</u> <small>(MZON 100.1700.46690)</small>	<u>Preservation Commission</u> <small>(MZON 100.1700.46690)</small>	<u>Board of Zoning Appeals</u> <small>(MZON 100.1700.46690)</small>
<input type="checkbox"/> Conditional Use <b>\$125.00</b>	<input type="checkbox"/> Certificate of Appropriateness <b>\$25.00</b>	<input type="checkbox"/> Certificate of Zoning <b>\$25.00</b>
<input type="checkbox"/> Amendment <b>\$125.00</b>		<input type="checkbox"/> Re-Zoning <b>\$125.00</b>
<input checked="" type="checkbox"/> Subdivision in City <b>\$75.00 + \$5.00 each, after two</b>		<input type="checkbox"/> Variance <b>\$125.00</b>
<input type="checkbox"/> Preliminary Plat of Development <b>\$125.00</b>	<i>\$5.00 + 43.20 m/lot</i>	<input type="checkbox"/> Administrative Appeal <b>\$50.00</b>
<input type="checkbox"/> Alley Vacation <b>\$25.00 + publication cost</b>	<i>128.20</i>	

Address of property: Parcel 41-009369.0040 (Part of lot 2 in Morrow / Hinder + Patton addition to the city of Napoleon)

Description of request: I'm requesting a replat of parcel 41-009369.0040 in Napoleon Ohio of 3 acres, divided into 3 parcels South of Snyder Real Estate Holdings + North, North-West + West of the China Dragon (Chi Yim Tsui, et ux). Thanker So much.

Crystal Thompson-Simpkins  
OWNER(S) NAME (PRINT)

559 Sand Ridge Rd. BG OH 43402  
ADDRESS- CITY, STATE, ZIP

419-654-3237  
PHONE NUMBER

*Crystal*  
SIGNATURE

*Current owner Randy Fisher is receiving copy 4-23-21*

**\*\*\*Public hearings are held on the second Tuesday of each month; this petition must be filed with the Zoning Administrator thirty (30) days before the public hearing date. All plans, plats, deeds and other requested information must accompany this application before the hearing will be scheduled.\*\*\***

**APPLICANT MUST BE AN OWNER OR AN AUTHORIZED REPRESENTATIVE EVIDENCED BY LETTER OF APPOINTMENT.**

APPLICANT NAME (PRINT) \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

Hearing #: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Zoning District: \_\_\_\_\_

<b>Office Use Only</b>		
Batch # _____	Check # _____	Date _____