



OFFICE OF THE CITY COUNCIL

27700 Hilliard Blvd. Phone 440.871.3300
Westlake, OH 44145 Fax 440.617.4089

ZONING REQUEST INSTRUCTIONS

A request for any change in the Zoning Code may be made by the owner or his agent, a Councilmember or the Mayor. This request shall be submitted in writing to Council. If the request involves a change in the text of the Zoning Code, reference shall be made to the section to which the request relates. If the request is for a change in use classification, twenty (20) copies of a map indicating parcels and dimensions and twenty (20) copies of a legal description for which the change is requested shall be included. Such request shall be referred to the Planning/Zoning/Legislative Committee of Council for a recommendation to Council for action within thirty days. Thereupon, Council shall vote at the meeting at which the report is submitted as to whether legislation should be drafted and placed on the agenda. If legislation is prepared, it will then be placed on FIRST READING and referred to the Planning Commission for review. The Planning Commission has 60 days in which to review the legislation unless they request additional time. After Planning Commission's recommendation, the legislation will be placed on SECOND READING and a PUBLIC HEARING DATE will be set. The THIRD READING can be the night of the PUBLIC HEARING unless Council decides that the THIRD READING should be at a later date.

\$100.00 filing fee is to be submitted with the application. Any additional advertising costs and other related costs will be billed according to Westlake Codified Ordinance §1235.02. This fee shall be refunded in full if Council, upon report of the Planning/Zoning/Legislative Committee of Council, determines not to prepare legislation for the requested zoning change.

*CITY OF WESTLAKE
APPLICATION TO AMEND THE ZONING CODE AND/OR MAP*

Please print. Date: _____

Name of Applicant _____

or Council Member _____ or Mayor _____

Address of Owner _____

Telephone _____ Fax _____ Email _____

Name of Agent _____

Address of Agent _____

Telephone _____ Fax _____ Email _____

Type of request (check one): *MAP* ____ *TEXT* _____

For MAP AMENDMENT complete the following:

1. Location of parcel(s) _____
2. Permanent parcel number(s) _____
3. Present Zoning District Classification _____
4. Proposed Zoning District Classification _____
5. Reason(s) for requesting the change _____

6. Attach **20 COPIES OF EACH** - **application**, **legal description** of parcel(s), **map with dimensions**.

For TEXT AMENDMENT complete the following:

1. Section(s) of Zoning Code proposed to be amended _____

2. Proposed amendment (to be added, deleted or modified) _____

3. Reason(s) for requesting change(s) _____

Signature of Property Owner or Agent

Print name

Please submit all documentation to Denise L. Rosenbaum, Clerk of Council, 27700 Hilliard Boulevard, Westlake, Ohio 44145-3030.