

**PETITION TO TOLEDO CITY COUNCIL**

City of Toledo / One Stop Shop

DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

FEE: \$300.00

PERMIT TECH: \_\_\_\_\_

We the undersigned owner(s) of the following described property which is zoned \_\_\_\_\_  
Do hereby petition the City of Toledo for the following: (Please check)

\_\_\_\_\_ Change of zoning classification to: \_\_\_\_\_

\_\_\_\_\_ Special Use Permit (or amendment) for: \_\_\_\_\_  
(Attach Site Plans, see City of Toledo Site Plan Submission Requirements)

\_\_\_\_\_ Planned Unit Development (or amendment) for: \_\_\_\_\_  
(Attach Site Plans, see City of Toledo Site Plan Submission Requirements, and indicate what zoning district is being requested for the PUD)

\_\_\_\_\_ Institutional Master Plan

LEGAL DESCRIPTION: (Print below, or attach) Also submit Subdivision and Lot Number or Metes and Bounds description on disk or electronic transfer in Microsoft Word.

PROPERTY LOCATION (Street Address): \_\_\_\_\_

TAX DISTRICT AND PARCEL NO: \_\_\_\_\_ ASSESSOR NO: \_\_\_\_\_

ADDRESS and SIGNATURE OF PROPERTY OWNER(S), LESSEE, OPTION HOLDER  
(please print)

NAME: \_\_\_\_\_

ADDRESS / STREET: \_\_\_\_\_

CITY / STREET / ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

CONTACT PERSON (if different from above): \_\_\_\_\_

CONTACT PERSON TELEPHONE: \_\_\_\_\_ FAX (optional): \_\_\_\_\_

CONTACT PERSON EMAIL: \_\_\_\_\_

PROOF OF OWNERSHIP: Please attach copy of Deed, Lease, or Option Agreement

**TARGET HEARING DATES:**

(for office use)

Toledo City Plan Commission (2:00 PM): \_\_\_\_\_

Toledo City Council *Planning and Zoning Committee* (4:00 PM): \_\_\_\_\_