



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	

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**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 \$1,000. Checks should be made payable to Deerfield Township

**For office use only**

Date filed \_\_\_\_\_ Fee \_\_\_\_\_ Receipt \_\_\_\_\_ Case # \_\_\_\_\_

Yes  No Application criteria has been met