

REQUEST FOR TEXT AMENDMENT  
TO THE ZONING CODE

City of Port Clinton, Ohio

To the Port Clinton Planning Commission and the Port Clinton City Council,

I, \_\_\_\_\_ of \_\_\_\_\_, representing \_\_\_\_\_,  
would like to request the following section(s) of the Port Clinton Codified Ordinances

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Please list or attached the text amendments being requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone number

.....  
Office use only

Fee Paid \$ \_\_\_\_\_

Date Filed \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Hearing \_\_\_\_/\_\_\_\_/\_\_\_\_

Time \_\_\_\_\_

Commission Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Planning Commission Action \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Referred to Council \_\_\_\_/\_\_\_\_/\_\_\_\_