

APPLICATION NUMBER _____

EXHIBIT “_”

APPLICATION FOR ZONING MAP AMENDMENT
_____ TOWNSHIP, MEDINA COUNTY, OHIO

Six copies required of all application documents.

1. Name of applicant _____

2. Address of applicant _____

3. Telephone _____ Fax Number _____ email address _____

4. Name of property owner _____

5. Address of property owner _____

6. Telephone _____ Fax Number _____ email address _____

7. Location and/or address of property to be rezoned _____

8. Attach the following:

- a. legal description of property
- b. tax parcel number(s)
- c. property size in acres _____.
- d. map of property from the Medina County Tax Map Office
- e. map showing surrounding parcels and zoning district of surrounding parcels
- f. list of names and addresses of owners of all properties within and contiguous to and directly across the street from the subject parcel (available from the Tax Map Office)
- g. if only a portion of the recorded parcel is being considered for re-zoning, a map, drawn at 1"=100' scale must be submitted for the subject parcel. Such map must be prepared by a registered civil engineer, surveyor or other competent person showing exact dimension or portion of recorded parcel being considered for rezoning.

9. Present zoning district(s) of subject property _____

10. Does the current lot conform with the existing zoning? YES _____ NO _____

11. Does the current use conform with the existing zoning? YES _____ NO _____

12. Are there any variances on the property? YES _____ NO _____

13. Are there any conditional uses on the property? YES____ NO____

14. Proposed zoning_____

15. The property will be used for, and have the following buildings, parking and other improvements constructed_____

16. Have there been any previous requests for rezoning of this property? YES NO
(circle one)

a. If yes, from _____ zoning district to _____ zoning district.

b. Date of previous request _____ Granted? _____

17. What is the proposed use of this property on the Township Comprehensive Plan? _____

18. The existing zoning is unreasonable and deprives the property owner of his lawful and reasonable use of the land because_____

(use additional sheets as needed)

19. The property has the following deed restrictions_____

(use additional sheets as needed)

20. The change will not be materially detrimental to the public welfare nor to the property of other persons located in the vicinity thereof because_____

(use additional sheets as needed)

21 How will the proposed rezoning of this property benefit the community?

(use additional sheets as needed)

The above information and attached documents are true and accurate to the best of my knowledge.

Applicants Signature

Date

(do not write below this line—for office use only)

Date received _____ By _____

Fee paid \$ _____

Application complete? YES ___ NO ___ Date of completion _____

Date public notice letters sent _____

Date of public notice legal advertisement _____

Date of Board of Zoning Commission Public Hearing _____

Date of Medina County Planning Commission Public meeting _____

Medina County Planning Commission recommendation _____

Date of Board of Township Trustees Public Hearing _____

Approved by Zoning Commission? YES ___ NO ___ Secretary Signature _____

Board of Zoning Commission Chairman Signature _____

Modifications _____

Approved by Township Trustees? YES ___ NO ___ ^{Clerk} Secretary Signature _____

Modifications _____

Date of recordation at County Recorder's Office _____

Recordation Number (County Recorder's Office) _____