

APPLICATION NUMBER _____

APPLICATION FOR ZONING TEXT 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. Legal residence: _____ Township

5. Complete the following: (use additional sheets as needed)

a. Citation of text proposed to be amended: Chapter, Section, Sub-paragraph etc.

b. Proposed amendment: (Additions underlined, deletions ~~struck through~~)

6. Is this text referenced elsewhere in the Zoning Resolution? ___Yes___ No.

If yes, where? _____

If yes, where? _____

7. Is the proposed text consistent with the Township Comprehensive Plan? _____

8. What are the problems with the existing text? _____

9. How will the proposed text amendment address the problems cited in number 7 and benefit the community? _____

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 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) _____