

APPLICATION FOR ZONING TEXT AMENDMENT

Montville Township • 6665 Wadsworth Rd. • Medina • Ohio • 44256

PROPERTY OWNER:

Name _____
Address _____
Phone (day) _____ Phone (eve) _____ Fax _____
Email _____

APPLICANT (if different from property owner)

Name _____
Address _____
Phone (day) _____ Phone (eve) _____ Fax _____
Email _____

Section of Zoning Resolution to be amended (include specific article, section and subsection):

Chapter _____ Section _____ Subsection _____

Proposed change to zoning text: _____

(attach separate sheet of paper if necessary)

The proposed amendment would materialize in equal or better zoning than the existing zoning text because: _____

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Date

Owner's Signature

Applicant's Signature (if different from owner)

Applicant's Signature (if different from owner)

FOR OFFICE USE

Date Received _____ By _____

Fee Paid \$ _____

Date Submitted to Prosecutor's Office: for review _____

(must receive Prosecutor's input before scheduling hearing)

Date of Zoning Commission Public Hearing _____

Approved? **YES** / **NO** Secretary Signature _____

Zoning Commission Chairman Signature _____

Modifications _____

Date of Board of Trustees Public Hearing _____

Approved? **YES** / **NO** Date change will be official* _____

Township Clerk Signature _____

*amendment becomes official 30 days from date of Trustees approval

ncs12/96