

## APPLICATION FOR ZONING MAP AMENDMENT MONTVILLE TOWNSHIP

6665 Wadsworth Road Medina, OH 44256

330-725-8313 ~ Fax: 330-722-6716

## TEN COPIES REQUIRED OF ALL APPLICATION DOCUMENTS

APPLICANT'S NAME:		TELEPHONE:					
ADDRESS:							
EMAIL ADDRESS:		FAX:					
PROPERTY OWNER: (If different than above)		TELEPHONE:					
ADDRESS:							
EMAIL ADDRESS:		FAX:					
LOCATION AND ADDRESS OF PROPERTY TO BE	E REZONED:						
ATTACH THE FOLLOWING:							
<ul> <li>legal description of property</li> </ul>							
• map of property from the Medina County Tax Maps (Tax Maps)							
map showing surrounding parcels and zoning district of surrounding parcels							
• list of names and addresses of owners of all properties within and contiguous to and directly across the street from subject parcel (available at Medina County Tax Maps ( <u>Tax Maps</u> )							
• if only a portion of the recorded parcel is being considered for rezoning, 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 of the portion of record parcel being considered for rezoning.							
PRESENT ZONING OF SUBJECT PROPERTY:							
PROPOSED ZONING:							
The property will be used for and have the following buildings, parking and other improvements constructed:							
Have there been any previous requests for rezoning	g of this property? YE	ES NO					
If YES, from	zoning district to	zoning district.					

Date of previous	s request:		YES	N	10
APPLICATION F	FOR ZONING MA	PAMENDMENT			
The existing zon because:	ning is unreasonab	ole and deprives the pro	perty owner	of his lawful and rea	sonable use of the land
The proposed ar	mendment would	result in an equal or be	tter zoning th	nan the existing zonin	ig because:
The above inforr	mation and attach	ed documents are true	and accurate	e to the best of my kr	owledge.
SIGNATURE APPLICANT				DATE:	
		FOR	OFFICE US	E	
Date received:			Ву		
Date of Zoning C	Commission Public	c Hearing:			
Fee Paid					
Approved?	YES	NO		Secretary Signature:	
Modifications					
Date of Board of	f Trustees Public I	Hearing:			
Approved?	YES	NO		Date zoning change will be official *	
Township Clerk Signature:					

<sup>\*</sup> amendment becomes official 30 days from date of Trustee approval.