

APPLICATION TO AMEND MEDINA TOWNSHIP ZONING RESOLUTION MAP

Date Form Completed: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

If property owner is other than the representative, or if there is more than one owner please list name, address and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_

Present Zoning of Property:

Rural Residential (RR) \_\_\_\_\_ Urban Residential (UR) \_\_\_\_\_ General Business (BG) \_\_\_\_\_  
Suburban Residential (SR) \_\_\_\_\_ Limited Business (BL) \_\_\_\_\_ Intensive Business (BI) \_\_\_\_\_

Legal description and/or address of land affected: \_\_\_\_\_

\_\_\_\_\_

Proposed Zoning District:

Rural Residential (RR) \_\_\_\_\_ Urban Residential (UR) \_\_\_\_\_ General Business (BG) \_\_\_\_\_  
Suburban Residential (SR) \_\_\_\_\_ Limited Business (BL) \_\_\_\_\_ Intensive Business (BI) \_\_\_\_\_

A statement on how the proposed amendment relates to the Comprehensive Plan:

\_\_\_\_\_  
\_\_\_\_\_

Reason for requesting change:

\_\_\_\_\_  
\_\_\_\_\_

All legal documents, drawings, correspondence, fee, etc., pertinent to this request, shall be submitted to the Zoning Commission Secretary a minimum of twenty (20) days prior to the date of the public meeting.

As per Appendix IV, Amendments, Paragraph B-Applications, Attach the following:

1. 20 copies of map of land to be rezoned, drawn by registered surveyor.
2. A list of all adjacent property owners and their addresses if ten (10) or less parcels are proposed to be rezoned.
3. Fee of \$275.00 made out to Medina Township.

If not, state reason: \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Township Representative \_\_\_\_\_ Date \_\_\_\_\_

Check# \_\_\_\_\_ Amount \_\_\_\_\_