

**APPLICATION TO AMEND
MEDINA TOWNSHIP ZONING RESOLUTION TEXT**

DATE: _____

NAME OF REPRESENTATIVE: _____
NAME TITLE

ADDRESS: _____
STREET CITY STATE ZIP

CONTACT NUMBER: _____
HOME CELL

DESCRIPTION OF TEXT AFFECTED: ARTICLE _____
SECTION _____
ITEM _____
NUMBER _____
PAGE _____

REQUEST TO AMEND ZONING TEXT TO READ: _____

REASON FOR REQUEST: _____

A STATEMENT ON HOW THE PROPOSED AMENDMENT RELATES TO THE COMPREHENSIVE PLAN:

ALL LEGAL DOCUMENTS, DRAWINGS, CORRESPONDENCE, 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. IF NOT ATTACHED, STATE REASON:

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF TOWNSHIP REPRESENTATIVE

DATE

CURRENT SECRETARY

CHECK NO. _____

MEDINA TOWNSHIP
3799 HUFFMAN ROAD
MEDINA OHIO, 44256
330-721-1997