

WESTFIELD TOWNSHIP ZONING

APPLICATION FOR ZONING TEXT AMENDMENT

Name of Applicant _____

Mailing Address _____

Phone Number _____ Business Number _____

Cell Phone Number _____ Fax Number _____

Article, Section, Number, and Paragraph of Text to be Amended _____

Recommendation of Text (exact wording) _____

Reason for this change _____

NOTE: Six (6) copies of the application and supporting information are required.

Applicant Signature _____ Date _____

Zoning Text Amendment Official Use Only

1. Date Filed _____
2. Application Fee Paid \$ _____ Fee Receipt Number _____
3. Date of Notice in Newspaper _____
4. Date of Medina County Planning Commission Public Hearing _____
5. Medina County Planning Commission Recommendation _____

6. Date of Zoning Commission Public Hearing _____
7. Zoning Commission Recommendations or Modifications _____

8. Date of Zoning Commission Decision _____
9. Zoning Commission Decision _____

10. Zoning Chairman _____ Date _____
11. Zoning Secretary _____ Date _____
12. Date of Notice in Newspaper _____
13. Date of Trustees Public Hearing _____
14. Trustees Recommendations or Modifications _____

15. Approved by Trustees? _____ Date _____
16. Township Clerk _____ Date _____