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**APPLICATION FOR ZONING AMENDMENT**

2065 Hubbard Road

Madison, Ohio 44057

(440) 428-1120

[zoning@madisontownship.net](mailto:zoning@madisontownship.net)

Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, owner(s) of the following described property hereby request the consideration of change in the Madison Township Zoning Resolution as specified below:

Name of Applicant:

Mailing Address:

Cell Number: Business:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Amendment Text\_\_\_\_\_\_ Map\_\_\_\_\_\_

**For Map Amendment:**

Location Address or Permanent Parcel #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Use:

Present Zoning District:

Proposed Use:

Proposed Zoning District:

**For Text Amendment:**

New Text: \_\_\_\_\_\_\_\_ Or Amend Existing Section: \_\_\_\_\_\_\_\_

Section(s) of text to amendment\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Applicant is required to provide the all of the zoning text they wish Zoning Commission to review for changes/modifications/additions/deletions**

Supporting Information: Attach the following items to the application:

1. Legal description of property
2. A vicinity map showing property lines, streets, and existing and proposed zoning.
3. The proposed amendment to the zoning text or map
4. Fee as established according to Resolution

Applicant: Date:

**Fee $600**  **(Check made payable to Madison Township 2065 Hubbard Rd Madison, OH 44057)**

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**To be Completed by Zoning Inspector**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Rcvd By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# For Official Use Only – Madison Township Zoning Commission

# Date information sent to Lake County Planning Commission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of the Letter with Lake County Planning Commission recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Recommendation of Lake County Planning Commission: Approval: Denial:

Date Legal Ad Sent: Date of Legal Ad in Newspaper:

Date of Notice to Adjacent Property Owners: Date of Public Hearing:

Recommendation of Lake County Planning Commission: Approval: Denial: Recommendation of Zoning Commission: Approval: Denial:

Zoning Commission, Chairman

Date: Secretary:

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# For Official Use Only – Madison Township Board of Trustees

Date of Recommendation Received: Date of Public Hearing:

Action by Board of Trustees: Approval: If denied, reason for denial:

Date of Notice in Newspaper: Denial:

Clerk Date:

**\*Note**: **Five** copies of this form and supporting information must be filed with the Madison Zoning C9+8ommission.