

APPLICATION FOR TEXT AMENDMENT

APPLICATION NUMBER _____

DATE _____

**FEE - \$300.00 - NON-REFUNDABLE
TYPE OR PRINT - BLACK INK ONLY**

1) Name of Applicant: _____

2) Address of Applicant: _____

3) Phone Number: Residence _____ Business _____

4) Name of Landowner or Lessee: _____

5) Address of Landowner or Lessee: _____

6) Phone Number: Residence _____ Business _____

7) Location & Address of property which might be affected by change:

8) Present Text: _____

9) Attached as part of this application are three copies of the proposed text change stating words to be deleted and/or added.

10) The existing text is unreasonable because: _____

11) The text amendment would be better because: _____

12) The above information and attachments are true and accurate to the best of my knowledge.

(Date)

Signature of Landowner / Lessee

****** FOR TOWNSHIP USE ******

13) Date Certified Complete _____ Fee Paid _____

14) Received by Zoning Commission _____

15) Referred to Summit County Planning Commission _____

16) Date of Zoning Commission Public Hearing _____

17) Planning Commission: Approval _____ Disapproval _____

Modification _____

18) Zoning Commission: Approval _____ Disapproval _____

Modification _____

19) Referred to the Board of Trustees _____

20) Action of the Board of Trustees _____

21) Planning Commission informed of change _____

22) Effective date of change _____

23) Official text revised _____

Signature of Township Clerk: _____

