

# WESTFIELD TOWNSHIP ZONING

## APPLICATION FOR ZONING TEXT AMENDMENT

**INCOMPLETE APPLICATIONS AND APPLICATIONS WITHOUT FULL PAYMENT WILL NOT BE  
ACCEPTED AND MAY RESULT IN A DELAY IN THE PROCESSING OF THE APPLICATION.**

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) \_\_\_\_\_

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

Reason for this change \_\_\_\_\_

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

NOTE: Nine (9) copies of the application and supporting documentation 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 \_\_\_\_\_