



APPLICATION FOR ZONING AMENDMENT

2065 Hubbard Road
Madison, Ohio 44057
(440) 428-1120
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:

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

Applicant: _____

Date: _____

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

To be Completed by Zoning Inspector

Date: _____ Fee Paid: _____ Check #: _____

Rcvd By: _____

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: _____

For Official Use Only – Madison Township Board of Trustees

Date of Recommendation Received: _____ Date of Notice in Newspaper: _____

Date of Public Hearing: _____

Action by Board of Trustees: Approval: _____ Denial: _____

If denied, reason for denial:

Clerk

Date: _____

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