



# 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:

- a. Legal description of property
- b. A vicinity map showing property lines, streets, and existing and proposed zoning.
- c. The proposed amendment to the zoning text or map
- d. 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 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.