

**Brunswick Hills Township**  
1918 Pearl Road, , Brunswick, Ohio 44212

Date: \_\_\_\_\_ Zoning Receipt Number 2018-\_\_\_\_\_

**Application for a Zoning Map Amendment**

1. Name of applicant: \_\_\_\_\_

2. Address of applicant: \_\_\_\_\_

3. Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ email address \_\_\_\_\_

4. Name of property owner: \_\_\_\_\_

5. Address of property owner \_\_\_\_\_

6. Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ email address \_\_\_\_\_

7. Location and/or address of property to be rezoned: \_\_\_\_\_

• Permanent Parcel Number(s) (required) \_\_\_\_\_

8. **Attach the following (Fifteen copies required of all application documents):**

- a. *Legal description of property*
- b. *Tax parcel number(s)*
- c. *Property size in acres*
- d. *Map of property from the Medina County Tax Map Office*
- e. *Map showing surrounding parcels and zoning district of surrounding parcels*
- f. *List of names and addresses of owners of all properties within and contiguous to and directly across the street from the subject parcel (available from the Tax Map Office)*
- g. *If only a portion of the recorded parcel is being considered for re-zoning, a map, drawn at 1"=100' scale must be submitted for the subject parcel. A registered civil engineer, surveyor or other competent person must prepare such a map showing exact dimension or portion of recorded parcel being considered for rezoning.*

9. Present zoning district(s) of subject property: \_\_\_\_\_

10. Does the current lot conform to the existing zoning? YES\_\_\_\_ NO\_\_\_\_

11. Does the current use conform to the existing zoning? YES\_\_\_\_ NO\_\_\_\_

12. Are there any variances on the property? YES\_\_\_\_ NO\_\_\_\_

13. Are there any conditional uses on the property? YES\_\_\_\_ NO\_\_\_\_

14. Proposed zoning:\_\_\_\_\_

15. The property will be used for, and have the following buildings, parking and other improvements constructed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have there been any previous requests for rezoning of this property? YES NO  
(Circle one)

a. If yes, from \_\_\_\_\_ zoning district to \_\_\_\_\_ zoning district.

b. Date of previous request \_\_\_\_\_ Granted? \_\_\_\_\_

17. What is the proposed use of this property on the Township Comprehensive Plan?\_\_\_\_\_  
\_\_\_\_\_

18. The existing zoning is unreasonable and deprives the property owner of his lawful and reasonable use of the land because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets as needed)

19. The property has the following deed restrictions \_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets as needed)

20. The change will not be materially detrimental to the public welfare nor to the property of other persons located in the vicinity thereof because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets as needed)

21 How will the proposed rezoning of this property benefit the community?  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets as needed)

I \_\_\_\_\_ authorize \_\_\_\_\_  
Name  
\_\_\_\_\_ Permission to represent me/us as owner(s) of

the property located at \_\_\_\_\_.

Permanent Parcel Number

Owner (s) of Property \_\_\_\_\_

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

The above information and attached documents are true and accurate to the best of my knowledge.

_____	_____
Owner(s) Signature	Date
_____	_____
_____	_____
_____	_____
_____	_____

Sworn to and subscribed in my presence by \_\_\_\_\_ this \_\_\_\_\_

Day of \_\_\_\_\_, 2018

My commission expires \_\_\_\_\_

Seal Notary Public

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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(Do not write below this line—for office use only)

Date received \_\_\_\_\_ Brunswick Hills Zoning Inspector \_\_\_\_\_

Fee paid **\$500.00** Cash \_\_\_\_\_ Check Number \_\_\_\_\_

Application complete? YES\_\_NO\_\_ Date of completion \_\_\_\_\_

Date public notice letters sent \_\_\_\_\_

Date of public notice legal advertisement \_\_\_\_\_

Date of Board of Zoning Commission Public Hearing \_\_\_\_\_

Date of Medina County Planning Commission Public meeting \_\_\_\_\_

Medina County Planning Commission recommendation \_\_\_\_\_

Date of Board of Township Trustees Public Hearing \_\_\_\_\_

Approved by Zoning Commission? YES \_\_\_ NO \_\_\_ Secretary Signature \_\_\_\_\_

Board of Zoning Commission Chairman Signature \_\_\_\_\_

Modifications \_\_\_\_\_

Approved by Township Trustees? YES \_\_\_ NO \_\_\_ Modifications: \_\_\_\_\_

Chairperson for Brunswick Hills Township Board of Trustees \_\_\_\_\_

Date: \_\_\_\_\_

Date of recording at County Recorder's Office \_\_\_\_\_

Recording Number (County Recorder's Office) \_\_\_\_\_