

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

Date: _____ Zoning Receipt Number 20 - _____

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*
- h. *An electronic copy of the completed application must be submitted via flash drive or e-mail*

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 _____, 20

My commission expires _____

Seal Notary Public

Applicants Signature _____ Date _____

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

Date received _____ Brunswick Hills Zoning Inspector _____

Fee paid \$ _____ 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) _____