

APPLICATION NUMBER _____

**APPLICATION FOR ZONING TEXT AMENDMENT
ATWATER TOWNSHIP, PORTAGE COUNTY, OHIO**

Six copies required for all application documents.

1. Name of Applicant _____

2. Address of Applicant _____

3. Telephone _____ Fax _____ Email _____

4. Legal residence: _____ Township

5. Complete the following: (using additional sheets as needed)

a. Citation of text proposed to be amended: Chapter, Section, Sub-paragraph, etc.

b. Proposed amendment: (Additions underlined, deletions ~~struck through~~)

6. Is this text referenced elsewhere in the Zoning Resolution? ____ Yes ____ No

If yes, where? _____

If yes, where? _____

7. Is the proposed text consistent with the Township Comprehensive Plan? _____

8. What are the problems with the existing text? _____

9. How will the proposed text amendment address the problems cited in number 8 and benefit the community? _____

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

Applicants Signature

Date

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

Date Received _____ By _____

Fee paid \$ _____

Application complete? YES _____ NO _____ Date of Completion _____

Date of public notice legal advertisement _____

Date of Board of Zoning Commission Public Hearing _____

Date of Portage County Planning Commission Public Meeting _____

Portage 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 _____ Secretary Signature _____

Modifications: _____

Date of recordation at County Recorder's Office _____

Recordation Number (County Recorder's Office) _____

Atwatertownshipapplicationforzoningtextamendment.doc