

Liverpool Township Zoning

6801 School Street
Valley City, Ohio 44280
www.liverpooltwp.org

Application for a Zoning Text Amendment

Date _____

Application Number _____

Ten (10) copies of all supporting documents are to be submitted.

Legal counsel is required to be present on behalf of corporations at any and all meetings or hearings with the Zoning Commission.

1. Name of applicant _____

2. Address of applicant _____

3. Cell Phone _____ Work Phone _____ Email _____

4. Legal residence: _____ Township

5. Complete the following: (use 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~~)

(Use Additional Sheets If Necessary)

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?

(Use Additional Sheets If Necessary)

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

(Use Additional Sheets If Necessary)

9. How will the proposed text amendment address the problems cited in Number 7 and benefit the community? _____

(Use Additional Sheets If Necessary)

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 — Zoning 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 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 ___

Zoning Secretary Signature _____

Board of Zoning Commission Chairman Signature _____

Modifications_ _____

(Use Additional Sheets If Necessary)

Approved by Township Trustees? YES _____ NO _

Township Fiscal Officer Signature _____

Modifications_ _____

(Use Additional Sheets If Necessary)

Date of recordation at County Recorder's Office _____

Recordation Number (County Recorder's Office) _____