

# Liverpool Township Zoning

6801 School Street  
Valley City, Ohio 44280  
[www.liverpooltwp.org](http://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) \_\_\_\_\_