Print Form

PARMA TOWNSHIP
APPLICATION FOR REZONING

Date: _____ Application # _____

I (We) _____ _____ _____
Name Address Phone

The applicant (s) is/are: (◯) the owner (s) of the property involved
(⊙) acting on behalf of the owner (s) of the property involved

Address of property involved: _____

Legal description: _____

_____

_____

The above property is presently zoned: _____

I (We) request property to be rezoned: _____

Applicant(s) _____ _____
Signature Signature

****

Fee$_____ Date Paid _____,20___ Check # _____ Cash____ Receipt #_____

Publication Hearing Date _____ Published in _____

Notices sent to (attach)

Clerks Certification_____

****

Planning Commission Recommendation:

Approval _____ Denial_____ Date_____,20___

****

Township Board Decision:

Parma Township

( ) Hereby grants a zoning change from _____ to _____

( ) Herby denies a zoning change for the following reasons:

_____

_____

_____

Date: _____,20___ _____
Parma Township Clerk