



BOARDS & COMMISSIONS APPLICATION

132 North Elmwood Avenue
330-722-9038
www.medinaoh.org

Application Number _____

GENERAL	Date of Application _____ Property Location _____ Description of Project _____ _____ _____
CONTACT INFORMATION	Applicant Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____ Property Owner Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Email _____
APPLICATION TYPE	Planning Commission Site Plan <input type="checkbox"/> Conditional Zoning Certificate <input type="checkbox"/> Code or Map Amendment <input type="checkbox"/> Preliminary Plan <input type="checkbox"/> Final Plat <input type="checkbox"/> Conditional Sign (EMC/Shopping Ctr) <input type="checkbox"/> TC-OV <input type="checkbox"/> Other <input type="checkbox"/> Historic Preservation Board Certificate of Appropriateness <input type="checkbox"/> Conditional Sign <input type="checkbox"/> Board of Zoning Appeals Variance <input type="checkbox"/> Appeal <input type="checkbox"/>
APPLICANT SIGNATURE	<i>By signing this application, I hereby certify that:</i> 1) <i>The information contained in this application is true and accurate to the best of my knowledge;</i> 2) <i>I am authorized to make this application as the property owner of record or I have been authorized to make this application by the property owner of record;</i> 3) <i>I assume sole responsibility for correspondence regarding this application; and</i> 4) <i>I am aware that all application requirements must be submitted prior to the formal acceptance of my application.</i> Signature _____ Date _____
OFFICIAL USE	Zoning District _____ Fee (See Fee Sheet) \$ _____ Meeting Date _____ Check Box when Fee Paid <input type="checkbox"/>