

**CITY OF WADSWORTH
APPLICATION FOR ZONING MAP AMENDMENT
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Recommended by Planning Commission? _____ Date: _____

Modifications to Request: _____

Chairman

Secretary

For City Council Use

Ordinance No. (Attach to back): _____

Date of Public Hearing: _____

Date Ordinance Adopted by Council: _____

Date Ordinance Goes into Effect: _____

Clerk of Council