

VILLAGE OF SUGARCREEK
410 S. BROADWAY
SUGARCREEK, OHIO 44681
330-852-4112

VARIANCE FEE: _____

DATE RECEIVED: _____

PERMIT NO. _____

APPLICATION FOR VARIANCE

NAME OF APPLICANT: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

1. Location Description: Subdivision Name _____

Lot Number _____ Other Designation _____

(If not in a platted subdivision attach a legal description)

2. Nature of Variance: Describe generally the nature of the variance _____

In addition, a drawing must accompany this application showing dimensions and shape of the lot, with existing buildings, the locations and dimensions of the proposed buildings or alterations to the lot.

3. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true. (Please attach these comments on a separate sheet.)

- a. Special conditions exist peculiar to the land or building in question.
- b. That a literal interpretation of the ordinance (resolution) would deprive the applicant of rights enjoyed by other property owners.
- c. That the special conditions do not result from previous actions of the applicant.
- d. That the requested variance is the minimum variance that will allow a reasonable use of the land or buildings.

I certify tha the information contained in this application and its supplements are true and correct.

Date: _____

Applicant: _____

DATE FILED: _____

DATE OF NOTICE TO PARTIES IN INTEREST: _____

DATE OF NOTICE IN NEWSPAPER: _____

DATE OF PUBLIC HEARING: _____

FEE PAID: _____

DECISION OF BOARD OF ZONING APPEALS: Approved: _____ Denied: _____

If Approved the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____

If Denied, reason for denial: _____

CHAIRMAN OF THE ZONING BOARD OF APPEALS

DATE

NOTE: One (1) copy to be filed with the Zoning Inspector and two (2) with the Board of Zoning Appeals.