

APPLICATION FOR ZONING VARIANCE

Guilford Township • 3800 Greenwich Rd. • Seville, OH 44256
Phone (330) 769-1929 • Zoning@GuilfordTwpOH.us • Fax (330) 769 -1929

Applicant Name: _____ Telephone: _____

Applicant Address: _____

Applicant Email Address: _____

Name of Property Owner: _____

Location of Subject Property: _____

Nature of Variance: _____

Zoning Code Applicable to the Variance Request: _____ Section: _____

JUSTIFICATION OF VARIANCE: PLEASE NOTE, IN ORDER FOR THE ABOVE VARIANCE TO BE GRANTED, THE APPLICANT MUST PROVE TO THE BOARD OF ZONING APPEALS THAT THE FOLLOWING ITEMS ARE TRUE.

- 1. Special Conditions that may exist peculiar to the land or building in question:

- 2. A literal interpretation of the resolution would deprive the applicant of rights enjoyed by other property owners:

- 3. The special conditions do not result from previous actions of the applicant:

- 4. The requested variance is the minimum variance that will allow a reasonable use of land and/or building:

ADDITIONAL DOCUMENTATION REQUIRED:

- A. PROPERTY MAP FROM MEDINA COUNTY TAX MAPS (TAX MAPS)
- B. USING THE DIMENSIONS IN THE PROPERTY MAP, PLANS MUST BE DRAWN TO SCALE, SHOWING THE DIMENSIONS AND LOCATIONS OF EXISTING BUILDINGS, DIMENSIONS AND LOCATIONS OF THE PROPOSED BUILDING OR ALTERATIONS.
- C. NATURAL OR TOPOGRAPHIC PECULIARITIES OF THE LOT IN QUESTION
- D. THE NAME AND ADDRESS OF ALL THE CONTIGUOUS PROPERTY OWNERS FROM MEDINA COUNTY TAX MAPS (TAX MAP). (INCLUDING THOSE ACROSS THE STREET FROM THE PROP-ERTY.) THIS INFORMATION CAN BE OBTAINED BY FOLLOWING THE HIGHLIGHTED LINK OR FROM THE PHYSICAL LOCATION OF THE MEDINA COUNTY TAX MAPS AT 144 NORTH BROAD-WAY STREET, ROOM 119, MEDINA, OH 44256 (330-725-9777)

I hereby certify that the information contained in this application and its attachments are true and correct.

Applicant Signature: _____ Date: _____

Zoning Inspector Signature: _____ Date: _____

Fee Paid: \$ _____

GUILFORD TOWNSHIP VARIANCE

Date Notice of Appeal Filed: _____

Date of Notice to Interested Parties: _____

Date of Hearing: _____

Decision of Board of Zoning Appeals: _____

Date of Decision of Board of Zoning Appeals: _____

BOARD OF ZONING APPEALS, GUILFORD TOWNSHIP

Attest: _____
Secretary

By _____
Chairman