

# Village of Garrettsville, Zoning Department

8213 High Street; PO Box 266

Garrettsville, Ohio 44231

Phone: 330-527-2070 Fax: 330-527-5819

## APPLICATION FOR ZONING VARIANCE

Garrettsville Village, Portage County, Ohio

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of owner (if different): \_\_\_\_\_

Address of owner (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Location and address of property: \_\_\_\_\_

\_\_\_\_\_

Present Zoning District (See zoning map on Web Site): \_\_\_\_\_ Previous Requests: \_\_\_\_\_

Variation requested (include section no. of zoning regulations) and reasons: \_\_\_\_\_

\_\_\_\_\_

Would the rezoning of this property make the variance unnecessary? \_\_\_\_\_

(If so, the Board will disapprove the application)

How will the strict application of the provisions of the resolution result in practical difficulties or unnecessary hardship inconsistent with the general purpose and intent of the resolution? \_\_\_\_\_

\_\_\_\_\_

What are the exceptional or extraordinary circumstances or conditions applying to the property or use involved that do not apply generally to others in the same district? \_\_\_\_\_

\_\_\_\_\_

Why will the granting of the variance not be of substantial detriment to the public interest or to property or improvements in such district and will not materially impair the purpose of the resolution? \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant

Date: \_\_\_\_\_

Signature of Owner (if different)

Fee: \_\_\_\_\_

Refer to Chapter 1139 in Codified Ordinance

**PLEASE SUBMIT ONE COPY OF THIS APPLICATION TO ZONING INSPECTOR WITH A CHECK FOR THE PROPER FEE.**

**MAKE CHECKS PAYABLE TO THE VILLAGE OF GARRETTSVILLE**

Completion of zoning forms is the sole responsibility of the Applicant. Applications which are incorrect, incomplete or are submitted without fees or necessary attachments will not be accepted for filing and will be returned to Applicant for correction.