**HUNTINGTON TOWNSHIP**

27051 ST. RT. 58

WELLINGTON. OH 44090

440-647-5100

**APPLICATION FOR ZONING VARIANCE**

ZONING BOARD OF APPEALS

PLEASE PRINT

Name of Applicant Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Parcel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Road Frontage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depth of Lot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Acreage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Will be Organized As: \_\_\_\_\_ Proprietorship, \_\_\_\_\_ Corporation, \_\_\_\_\_ Partnership

Name of Proposed Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions.

1. How many people will be involved in your business?
2. What type of product will be produced, serviced, sold, or stored in association with your business?
3. Will any part of your home be used to conduct your business? Please describe what part of your home will be used and the amount of square feet the activity will consume?
4. Will any accessory buildings be used in your business? Please describe what buildings will be used and their dimensions and square footage.
5. Will outside storage and/or parking be required? If so please describe in detail how much outside storage and/or parking.
6. Will a sign be mounted or erected to advertise your business? Please describe location and include dimensions of sign.
7. If trucks, construction equipment, or other equipment will be used in your business where will they be stored?
8. Will your business required the use of commercial delivery vehicles to or from your business? If so please explain.
9. Will people come to your house to utilize your business product or service; please explain.
10. What are your proposed hours of operation?
11. Does your business conform to all conditions, restrictions, and covenants pertaining to your property?

Check list of other materials and information required:

* Names and addresses of adjacent property owners, including those across the street.
* Plot map with the following details: property dimensions, building locations and dimensions, sign location, outside storage area with dimensions, and parking area with dimensions.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Township Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Action: Approval or Denial

Members Signatures: