APPLICATION FOR VARIANCE BOARD OF ZONING APPEALS HOCKING TOWNSHIP, OHIO

		on No Fee: \$
Name of Applicant:		
Mailing Address:		
Best Phone Number to Be Reach	ed at:	
1. Location Description:	Subdivision Name:	
Section	Township of Hocking	Range
Other Designation	Block	Lot No
(If n	ot in a platted subdivision attach a legal	description)
2. Nature of Variance: D	Describe generally the nature of the varian	nce
showing Dimensions a locations and Dimens topographic peculiari	of the plans and drawn to scale must a and shape of the lot, the size and locat sions of proposed buildings or alteratio ities of the lot in question. ble to Hocking Township Board of Tru	ions of existing buildings, ons, and any natural or
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)		
*		
I certify by my signature below the true and correct.	hat the information contained in this app	lication and its supplements are
Date	Applicant(s) Signature	
Printed Name(s)		