

Application For Zoning Variance

Newark Township, Ohio

Application No. _____

Date _____

Form Variance Application.CDR Rev. 11/15/99

The undersigned applies for a zoning variance for the following use; said variance is to be issued on the basis of the information contained in this application.



Address/Location of Property _____

Name of Land Owner _____

Address of Land Owner _____

Phone Number _____ Fax Number _____

Existing Use _____

Present Zoning District _____

NATURE OF VARIANCE _____



The applicant is required, in addition to the information requested on this form, to submit plans, drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed buildings or alterations. Applicant shall also provide names and mailing addresses of all parties owning property contiguous to the property subject to the variance request.

JUSTIFICATION OF VARIANCE: IN ORDER FOR A VARIANCE TO BE GRANTED, APPLICANT SHALL PROVIDE DOCUMENTATION OF PROOF TO THE BOARD OF ZONING APPEALS THAT THE FOLLOWING ITEMS ARE TRUE:

- Special conditions and circumstances exist which are peculiar to the land, structure, or building in question.
- That a literal interpretation of the resolution would deprive the applicant of the rights commonly enjoyed by other property owners.
- That special conditions and circumstances will not occur.
- That the requested variance will not confer special privileges that are denied by this resolution to other lands, structures, or buildings in the same district.

The applicant hereby certifies that all information and attachments to this application are true and correct.

SIGNATURE _____ DATE _____



Date Received _____ Deposit Paid _____ Date Chairman Notified _____

Zoning Inspector _____



Date of Public Hearing _____ Date of Notices to Adjoining Property Owners _____

Date of Notice in Newspaper _____

Date of Board's Decision _____ Date of Approval of Minutes _____

Decision of Board of Zoning Appeals: Approved Denied

Comments, Conditions, or Reason For Denial (As Applicable) _____

Multiple horizontal lines for writing comments, conditions, or reasons for denial.

Chair, Board of Zoning Appeals _____

Date _____