

# ZONING DEPARTMENT

## VARIANCE APPLICATION

ZONING BOARD MEETINGS: 1ST TUESDAY OF EACH MONTH @ 7:00 P.M.

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Present Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

*(Attach Legal Description)*

Reason(s) for requesting zoning variance/amendment: *(Attach information as required by Section 1161.01)*

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Transmitted to the Planning Commission this date: \_\_\_\_\_

Planning Commission Action/Remarks:

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\_\_\_\_\_  
Chairman of Planning Commission

\_\_\_\_\_  
Secretary of Planning Commission

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Received from: \_\_\_\_\_

Amount \$ \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Zoning Inspector/Chairman