

Sagamore Hills Township

APPLICATION FOR ZONING VARIANCE

ZONING APPLICATION NUMBER: _____

Date Application Filed: _____

1. Name of Applicant (s) _____

2. Address of Applicant (s) _____

3. Area Code & Telephone Number of Applicant: _____

4. Name of Owner: _____

5. Address of Owner: _____

6. Area Code & Telephone Number of Owner: _____

7. Reason or explanation if applicant is not owner: _____

8. Location of property for which a Zoning Variance is requested: (address, allotment name, parcel number, etc.)

9. Zoning Classification of Property: _____

10. Description of variance requested and specific section of Zoning Resolution which applies:

11. Include a sketch of property with boundaries, roads and structures shown with dimensions, and attach to this application. The Board of Appeals maintains the right to request additional detail, to consider the request.

12. If the existing Zoning Resolution is providing practical difficulties or hardship to applicant or owner, what are they: _____

13. How will the granting of a Zoning Variance effect the immediate neighborhood and community in general: _____

14. List all contiguous property owners (name, address, city and zip code):

attach additional list if necessary.

Signature of Applicant: _____ Date: _____

Printed name: _____

Date, time, fees and name of Twp. official receiving the application.

Date hearing advertised: _____

Vote and decision of the Board: _____
(including date of meeting if different from initial hearing date).