

**APPLICATION FOR VARIANCE
BOARD OF ZONING APPEALS
WINDHAM TOWNSHIP, PORTAGE COUNTY, OHIO**

Name of Applicant _____

Mailing Address _____

Phone _____

1. Location Description (Complete all that apply)

Subdivision Name _____

Section _____ Township _____

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Range _____ Block No _____ Lot No _____

Other Description _____
(If not platted attach a legal description)

2. Nature of Variance: Describe generally the nature of the variance

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In addition, plans in triplicate and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographical peculiarities of the lot in question.

3. Justification of Variance: In order for a variance to be granted, the following applicant must prove to the Board of Zoning Appeals that the following items are true: Please attach these comments on a separate sheet

- a. Special conditions exist peculiar to the land or building in question
- b. That a literal interpretation of the ordinance (resolution) would deprive the applicant of rights enjoyed by other property owners.
- c. The special conditions do not result from previous actions of the applicant and:

- d. That the requested variance is the minimum variance that will allow a reasonable use of the land and buildings.

I certify that the information contained in this application and its supplements is true and correct.

Signed: _____ Date _____

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_____ To the Board of Zoning Appeals
(Appeal, Variance, or Conditional Use)

The applicant must provide the names of all property owners and their mailing addresses as they appear on the County Auditor current tax list contiguous to, and directly across the street from, the parcel subject to this application.

I swear that the information contained in this application and its supplements is true and correct, to the best of my knowledge. In the event that this application is accepted by the Board of Zoning Appeals and is set for public hearing, I hereby give permission to the Windham Township Zoning Inspector or designee to visit and inspect the parcel subject to this application for the purpose of verifying measurement shown in the plot plan as well as other distance measurements that are relative to this application.

Date: _____ Signature _____

Fee Paid _____ Signature _____
(\$350.00) NONREFUNDABLE

Received By _____

The Windham Township Zoning Commission has one meeting per month to review and make improvements to the resolutions. The Windham Township Trustee meet on the first Thursday of each month. The Board of Zoning Appeals meet only when a property owner submits the above list, required information and pays the fee. The BZA Secretary receives the information, posts a notice in the newspaper of Public Hearing, contacts all parties involved and takes minutes at the hearing.

It is recommended that you bring pictures and drawings to the hearing to help the BZA decide your case. If you feel that the zoning inspector has made an error and that you should not be applying to the BZA, contact the zoning inspector again to let him/her to take another look at your request.

Make Checks payable to Windham Township

**DECISION OF THE BOARD OF ZONING APPEALS
WINDHAM TOWNSHIP, PORTAGE COUNTY, OHIO**

IF APPROVED, THE FOLLOWING CONDITIONS AND SAFEGUARDS WERE PRESCRIBED:

1. _____
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2. _____
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3. _____
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4. _____
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5. _____
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IF DENIED, reasons for denial _____

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Authorized signatures:

Chairman Board of Appeals

Member

Member

Member

Secretary, Board of Zoning Appeals

Date