

ZBA APPLICATION FOR VARIANCE SUPPLEMENTAL INFORMATION

VA #			
DATE			

Applications will not be processed until deemed complete.	-
Incomplete applications will be destroyed after 90 days.	

		RD OF APPEALS, SEEKING A VARIANCE FROM THE
		, OF THE SCIO TOWNSHIP ZONING ORDINANCE.
NAME OF PETITIONER	, STATE UNDER OATH THE	FOLLOWING:
AS THE VARIANCE MAY NOT BE CON	SIDERED UNLESS THE REQUIREN	MENTS OF THE ORDINANCE ARE ADDRESSED IN A
	•	CILITATE THE REVIEW PROCESS, PLEASE BRIEFLY ANSWE
		I, IN DEPTH, ON THE SCHEDULED HEARING DATE.
THE TOLLOWING QUESTIONS AND L	ET HEITHED TO ADDRESS THEM	, IN DEL TII, ON THE SCHEDOLED HEARING DATE.
•	•	of the ordinance are addressed in a fashion satisfactor
•		, please briefly answer the following questions and b
prepared to address them, in dep	in, on the scheduled hearing d	late.
A. What variance(s) are you se	eking?	
B. What is the nature of the ha	ardship or practical difficulty w	which has caused you to seek a variance, and when
and now did this first occur?		
C Are the hardships or practic	al difficulties in the use of your	property exceptional and peculiar to your property
	es or classes of uses in the same	
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inconvenience or inability to attain a higher financial return, or both? Why?
E. What effect will granting the variance have on the property of others which surrounds or is in the vicinity o your property?
F. What physical characteristics of your property, (size, shape, location or topography,) prevent you from using in a way that is consistent with the ordinance?
G. Is there any other property in your neighborhood that has the same or similar conditions? If so, identify by street address.



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WHEREFORE, Owner/Petitioner requests the plans attached hereto as Exhibit Number(s)	•	, ,	nce in accordance with the
SIGNATURE OF PETITIONER (IF OTHER THAN OWNER)	DATE	SIGNATURE OF OWNER	DATE
PRINTED NAME OF PETITIONER		PRINTED NAME OF	OWNER