

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

VARIANCE

(BOARD OF APPEALS)

PROPERTY ID NO. _____

ZONING DISTRICT _____

ZONING COMPLIANCE # _____

APPLICATION DATE _____

APPLICANT:

AGENT/DEVELOPER

STREET, NUMBER

CITY, STATE, ZIP

PHONE

FAX

EMAIL

OWNER:

NAME

STREET, NUMBER

CITY, STATE, ZIP

PHONE

FAX

EMAIL

PROPERTY ADDRESS: _____ SIZE OF PROPERTY (AREA): _____

LEGAL DESCRIPTION: ☐ ATTACHED

AREA DESCRIPTION:

ATTACH SEPARATE SHEET WITH DRAWING OF PROPERTY BOUNDARIES AND DIMENSIONS; STREET OR ROAD ACCESS; EASEMENTS AND RIGHT-OF-WAYS; ADJACENT PROPERTIES WITH ZONING; A CONCEPTUAL PLAN OF NEW CONSTRUCTION (NOT CONSIDERED A SITE PLAN), WITH SETBACKS; ADDITIONS SHOWING EXISTING STRUCTURES (A SURVEY AND DRAWING MAY BE REQUESTED).

PURPOSE OF REQUEST: _____

I AGREE TO GIVE PERMISSION FOR OFFICIALS OF SCIO TOWNSHIP TO ENTER THE PROPERTY SUBJECT TO THIS APPLICATION FOR PURPOSES OF INSPECTION. ☐ Property owner authorization letter attached.

SIGNATURE OF PETITIONER

DATE

SIGNATURE OF OWNER

DATE

PRINT NAME

PRINT NAME/TITLE

FOR OFFICE USE ONLY

PUBLIC HEARING NOTICE, DATE _____

PUBLIC HEARING, DATE _____

BOARD OF APPEALS ACTION:

☐ APPROVED, DATE _____

☐ DENIED, DATE _____

ORDINANCE ADMINISTRATOR

DATE

FEE RECEIVED: _____ DATE