

Application For A Zoning Variance
Brunswick Hills Township Board of Zoning Appeals
Medina County, Ohio

Zoning Receipt Number 20 _____

Fifteen (15) Copies of Supporting Documents Required

The undersigned owner(s) of the following legally described property hereby request the consideration of change from the zoning regulations as specified below:

Name of Applicant/Owner _____ Phone _____

Mailing Address _____

Property Address _____

Permanent Parcel Number (**required**) _____

Present Zoning District _____ Previous Variance Requests Yes ___ No ___ Date _____

Variation Requested (Include Section Number of Zoning Resolution) and reason(s):

How will strict application of the provisions of the resolution result in practical difficulties or unnecessary hardship inconsistent with the general purpose and intent of the resolution?

What are the exceptional or extraordinary circumstances of conditions applying to the property or use involved that do not apply generally to others in the same district?

Why will the granting of the variance not be a substantial detriment to the public interest or to property or improvements in such district and will not materially impair the purpose of the resolution?

The above information and attached documents are true and accurate to the best of my knowledge.

Owner(s) Signature _____ Date _____

Sworn to and subscribed in my presence by _____ this

_____ Day of _____, 20

My commission expires _____ Notary _____

(Seal)

Applicants Signature _____ Date _____

Zoning Inspector's Signature _____ Date _____ Fee ____ Cash

_____ Check # _____ BZA Meeting date _____ BZA Decision: Yes ____ No _____