

Leroy Township

Application for Variance

TO THE ZONING INSPECTOR:

Application is hereby made for a Zoning Permit: It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact or expression of fact, made intentionally or not, on the part of the applicant that may cause the issuance of a permit shall be sufficient ground to revoke the permit at any time. All provisions of Ohio, Lake County and Leroy Township laws and regulations shall be complied with whether specified herein or not. This application and its statements, when approved, become part of the Zoning Permit. Issuance of a Certificate is subject to approval of the Final Plan.

Number _____

Name of Applicant _____

Address of Applicant _____

Phone Number of Applicant _____

Address of Variance _____

State Variance from Leroy Zoning Code:

Zoning Code: _____ Zoning Book Date: _____

Nature of Variance: _____

Provide plans and drawings drawn to scale. Show dimensions of property and buildings of existing and proposed variance.

Provide justification of variance: See page 2

- A. State special conditions that exist to the land or building in question.
- B. That the literal interpretation of the ordinance (Resolution) would deprive the applicant of the right enjoyed by other property owners in Leroy Township.
- C. That the special conditions do not remit from previous actions of the applicant.
- D. That the requested variance is the minimum variance that will allow a reasonable use of the land or building.

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Justification for Variance

Number _____

A) State special conditions that exist to the land or building in question.

B That the literal interpretation of the ordinance (Resolution) would deprive the applicant of the right enjoyed by other property owners in Leroy Township.

C That the special conditions do not remit from previous actions of the applicant.

D) That the requested variance is the minimum variance that will allow a reasonable use of the land or building.

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Number _____

Names and addresses of all owners of all contiguous property.

Property Owner (s) North

Name: _____

Address: _____

Property Owner (s) South

Name: _____

Address: _____

Property Owner (s) West

Name: _____

Address: _____

Property Owner (s) East

Name: _____

Address: _____

Print any additional contiguous neighbors' names and addresses on the back and check here if applicable _____

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I certify that the information contained in this application and all supporting enclosures and attachments are true and correct.

Non-Refundable Certificate Fee: \$500.00

Non-Refundable Certificate Fee: \$1,000.00 Special meeting other than scheduled dates.

Date Filed _____ Applicant _____

Date Received _____ Zoning Inspector _____

Fee Received _____

Hearing Date: _____

Date Approved _____

Date Denied _____

Zoning Board Appeals Chair _____

Board Members:
