

FOR OFFICE USE ONLY:

Receipt Number:

II.

HOWLAND TOWNSHIP

Board of Zoning Appeals – Variance Application

205 Niles-Cortland Road NE Warren, Ohio 44484

Phone: (330)856-5223 Fax: (330)609-5148

BZA Date:

NOTE: Applicants are encouraged to contact the Zoning Department for assistance and to discuss the Variance processes prior to submitting a formal application.

Application Number:

Amount Received:	Date Received:		BZA Action:
Type of Request:			
N, S, E, W (Circle) Side of (Street):			
Approximate Distance to Nearest Intersection:	FEET, N, S, E, W (C	ircle) from Nearest Intersection	on (see below)
Nearest Intersection:	AND		
PROPERTY INFORMATION: This section MU	ST be completed.		
Property Address:			
Tax/Parcel ID Number:		Parcel Size (Acres):	
NATURE OF THE VARIANCE: Please attach a	ndditional sheets, if nece	essary.	
Please describe the variance(s) requested:			

1)	There exist conditions and/or circumstances relating to the property that would create practical difficulties for the property
.,	strict conformance to the requirements of the Zoning Resolution were required.
2)	The variance to be granted is the minimum variance possible and other alternatives for resolving the conflict between
	applicant's plan and the requirements of the Zoning Resolution are impractical or infeasible.
3)	The granting of the variance will be in harmony with the general spirit, intent and purpose of this Zoning Resolution.
4)	The granting of the variance will not be injurious to surrounding properties and the general neighborhood or be of detrimental to the public welfare.
5)	The granting of the variance will not result in a deleterious change in the character of the community.
6)	The granting of the variance will not infringe upon the rights and quiet enjoyment of adjacent property owners and diminish property values, endanger the public safety, or create a public nuisance.
7)	The granting of the variance is for a compelling reason and not simply because the applicant's plans conflict with Resolution requirements when reasonable alternatives are available.
8)	The granting of the variance is not solely for economic benefit to the applicant.
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FILING AND PUBLIC NOTIFICATION FEE. See Howland Township fee schedule for listing. The applicant shall also be

Sign dimensions, including letter sizes and proposed distance from sign to grade.

b.

c. d.

e.

FOR SIGNS, SCALED DRAWINGS INDICATING:

Type of illumination.

Location of signs and sign type (wall, ground, or window)

Total area of sign face (including frame and excluding frame).

Materials and manufacturer to be used in fabrication.

responsible for Public Notification costs incurred by the Township.

PROPERTY OWNER	MAILING ADDRI	ESS	CITY, STATE, ZIP CODE
(not Mortgage Company or Tax Service)			
PROPERTY OWNER: This section MUST	be completed.		
PROPERTY OWNER: This section MUST Current Property Owner:	be completed.		
Current Property Owner:			
Current Property Owner: Mailing Address (Street, City, State, Zip Co		Fax Number:	
Current Property Owner: Mailing Address (Street, City, State, Zip Co		Fax Number:	
Current Property Owner: Mailing Address (Street, City, State, Zip Co		Fax Number:	
Current Property Owner: Mailing Address (Street, City, State, Zip Co		Fax Number:	
Current Property Owner: Mailing Address (Street, City, State, Zip Co	ode):		ditional representatives.
Current Property Owner: Mailing Address (Street, City, State, Zip Co Phone Number: E-mail or Alternate Contact Information:	ode): se complete, if applica		ditional representatives.
Current Property Owner: Mailing Address (Street, City, State, Zip Co Phone Number: E-mail or Alternate Contact Information:	se complete, if applicatect, etc.):		ditional representatives.
Current Property Owner: Mailing Address (Street, City, State, Zip Co Phone Number: E-mail or Alternate Contact Information: REPRESENTATIVE(S) OF OWNER: Please Representative (Tenant, Contractor, Archit	se complete, if applicatect, etc.):		ditional representatives.

CONTIGUOUS PROPERTY OWNERS: Please attach additional sheets, if necessary.

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AUTHORIZATION FOR OWNER REPRESENT representatives.	ATIVE: Please complete and notarize,	if applicable.	Attach sheets fo
I/We,			, the owner
authorize		to	act as my/our repr
all matters pertaining to the processing and representations and agreements made by the d	approval of this application, including modesignated representative.		
Signature of Current Property Owner:		Date:	
Subscribed and sworn to before me this	day of		, 20
State of	Notary Public		
State of	Notary Public		
State of County of APPLICANT'S AFFIDAVIT: This section MUS'	Notary Public		
State of	Notary Public T be completed and notarized. contents of this application. The information	n contained in th	, the owner on the contract of the contract
County of	Notary Public T be completed and notarized. contents of this application. The information	n contained in th	
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