

Application #: _____

Date: _____

**HARRISON TOWNSHIP ZONING DEPARTMENT
6750 OUTVILLE RD., PATASKALA, OHIO 43062 (740) 927-8277**

APPLICATION FOR VARIANCE

Applicant Name: _____ **Phone #:** _____

Mailing Address: _____ **City/State/Zip:** _____

Email Address: _____ **District & Parcel #:** _____ - _____

Zoning District: _____ **Existing Use:** _____

Property Address: _____ **City/State/Zip:** _____

Zoning Code Article & Section # Variance applies to: _____

Description and nature of Variance request: _____

The undersigned is applying for a Variance for the following use, said permit to be issued based on the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct and agrees to follow all applicable regulations, according to Article 4 Sections 4.12 through 4.18 of the Harrison Township Zoning Resolution.

Property Owner's Signature (Authorized Representative): _____ **Date:** _____

Attachments and supporting documentation needed:

1. A certified copy of the deed, from the Licking County Recorder's Office, showing the legal ownership of said property, and legal owner's consent if the applicant is not the legal owner.
2. A drawing of the proposed site for the variance showing the location of all buildings, parking & loading area, traffic access, traffic circulation, open spaces, landscaping, refuse & service areas, utilities, signs, & yards. Note additional information may be required by the BZA at the time of the hearing.
3. A narrative statement demonstrating that the requested variance conforms to the requirements of Article 4.12.1.a through 4.12.1.d for a Use Variance or Article 4.12.2.a through 4.12.2.g for an Area Variance.
4. Names & addresses of adjoining property owners within 500 feet of the property, including across the roadway. This list shall be typed or printed on mailing labels.

****Please attach fifteen (15) copies of the application & all supporting documentation.**

(For Township Use Only)

Date Received: _____ **Fee Paid:** _____ **Check #:** _____ **Received by:** _____

Date Forwarded to BZA: _____ **Publication Date:** _____ **BZA Hearing Date:** _____

Variance Decision: Approved Approved with Conditions Denied

Comments/Conditions: _____

_____ **Date:** _____

Zoning Inspector's Printed Name

Zoning Inspector's Signature