

APPLICATION FOR VARIANCE
FLORENCE TOWNSHIP BOARD OF ZONING APPEALS
11011 Chapel Street, Wakeman, Ohio 44889
440.742.0026
zoning@florencetwp.com

Fee: \$250
Make checks payable to:
Florence Township Trustees

Name of Applicant: _____ Email: _____

Mailing Address: _____ City, State, Zip _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Locational Description:

Address: _____

Parcel ID #: _____

**** Please note ALL parcels MUST be listed. Failure will result in the application not being processed. Additional fees may be assessed to proceed if additional legal ads and notifications (postage) are needed due to incomplete forms.**

Nature of Variance: Describe generally the nature of the variance.

Documentation: The Application Fee and copies of the following shall be submitted at the time of application:

- 1) Three (3) copies of plans drawn to scale must accompany this application showing dimensions and shapes of the lot, the size and locations of existing buildings or alterations and any natural or topographic peculiarities of the lot in question.
- 2) Legal description of the property.
- 3) Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true. Please attach a narrative statement establishing and substantiating that the variance conforms to the following standards:
 - a) The granting of the variance shall be in accordance with the general purpose and intent of the regulations imposed by this Resolution on the district in which it is located and shall not be injurious to the area or otherwise detrimental to the public welfare.
 - b) The granting of the variance will not permit the establishment of any use, which is not otherwise permitted in the district.
 - c) There must be special circumstances or conditions, fully described in the findings, applicable to the land or buildings for which the variance is sought, which are peculiar to such land or buildings and do not apply generally to land or buildings in the area and which are such that the strict application of the provisions of this Resolution would deprive the applicant of the reasonable use of such land or building. Mere loss in value shall not justify a variance; there must be deprivation of beneficial use of the land.

- d) There must be proof of hardship created by the strict application of this Resolution. It is not sufficient proof of hardship to show that greater profit would result if the variance were granted. Furthermore, the hardship complained of cannot be self-created nor can it be established on this basis by one who purchases with or without knowledge of the restrictions. It must be suffered directly by the property in questions and evidence of variances granted under similar circumstances need not be considered.
- e) The granting of the variance is necessary for the reasonable use of the land or building and the variance as granted is the minimum variance that will accomplish this purpose.
- f) The proposed variance will not impair an adequate supply of light and air to adjacent property, substantially increase the congestion in the public streets, increase the danger of fire, endanger the public safety, or substantially diminish or impair property values of the adjacent area.
- g) The granting of the variance requested should not confer on the applicant any special privilege that is denied by this Resolution to other lands, structures, or buildings in the same district.

Applicant must comply with the requirements of this Application outlined above. The Township Zoning Inspector will review the Application (or any amended Application) to verify that it is accurate and complete within ten (10) days of receipt of the application. Within that time, the Zoning Inspector shall send written notice (Notice of Status) to the Applicant(s) indicating one of the follows: 1) the Application is found to be complete; or 2) The Application has been found to be inaccurate or incomplete. If the Zoning Inspector finds that the application is inaccurate or incomplete, the Notice of Status shall specify the insufficiencies that were found in the Application. The Zoning Inspector's Notice of Status shall be sent by regular U.S. Postal Service mail to the Applicant at the address listed by the Applicant above. If notice of an inaccurate or incomplete Application has been sent, the Application will not be processed until corrections have been made and the Application is complete. The filing date of the application package shall be the date on which all information submitted is found by the zoning Inspector to meet the requirements described in this Application.

As the Applicant, I do hereby certify that I am the Property Owner, or I am submitting the application on behalf of the Property Owner with their knowledge, understanding, and authorization. Furthermore, I hereby certify that the information and statements provided on this application, including drawing and specifications, are true and correct to the best of my knowledge and belief. I understand that all information submitted with this application will be assumed by the Florence Township's reviewing authority to be correct and the Applicant shall assume responsibility for any errors and/or inaccuracies resulting in an improper application.

Applicant's Signature

Date

NOTICE TO APPLICANT: THE BURDEN OF PROOF OF THE MERITS OF A VARIANCE APPLICATION RESTS WITH THE APPLICANT. APPLICANT IS ADVISED THAT THE TOWNSHIP ZONING COMISSION SHALL BE APPLYING ARTICLE 7 OF THE FLORENCE TOWNSHIP ZONING RESOLUTION, UNCLUDING BUT NOT LIMITED TO SUBSECTION 7.4, WHEN CONSIDERING THE APPLICATION.

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PARTIES OF INTEREST

Applicant shall list all adjoining property owners on all sides including across the street, plus any property owner within a 500 foot radius of the affected property must be listed below. Incomplete information can hold up the hearing process. NOTE: Names of property owners, parcel numbers, and tax mailing addresses for parcels of property located in Erie County may be found by a search of the on-line records of the Erie County Auditor.

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
Address _____
City/State/Zip: _____
Parcel # _____

Name _____
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City/State/Zip: _____
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