

Village of Bellville

142 Park Place

Bellville, Ohio 44813

(419) 886-2245 Ext: 0

APPLICATION FOR
ZONING VARIANCE PERMIT

PAID: AMT _____ CASH _____ CHECK _____ DATE _____ REC# _____
FOR OFFICE USE ONLY

Date: _____ Applicant: _____

Applicant's address _____
& phone: _____

The undersigned request a variance for property located at _____

and zoned _____ for the following purpose: _____

The section of this ordinance to be varied is _____.

The undue hardship or practical difficulties which justify this variance are as follows:

Attached as part of this application are:

- A copy of the original zoning application
- Complete plan improvement specifications for any proposed use or building.

Date

Applicant's Signature

All information must be complete prior to variance hearing

Variance Zoning Permit

A variance is hereby granted in accordance with this application and subject to the following conditions established by the Planning Commission and approved by the Planning Commission under section _____.

Variance Approved / Denied with the following conditions:

Date

Planning Commission Chairman