



APPLICATION # \_\_\_\_\_

CASE # \_\_\_\_\_

## APPLICATION FOR ZONING APPEAL OR VARIANCE

### Board Of Zoning Appeals

The undersigned owner(s) of the following described property hereby appeal to the Painesville Township Board of Zoning Appeals the denial of a zoning permit by the Painesville Township Zoning Inspector for the following reason:

A. There was an error of interpretation in said decision as follows:

---

---

---

B. A variance is requested in this case to avoid practical difficulty or unnecessary hardship because:

---

---

---

Zoning Application No.: \_\_\_\_\_

Property Owner or Appellant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell)

Location Description: Permanent Parcel # \_\_\_\_\_

Address \_\_\_\_\_

**Supporting Information (Submit twelve packages consisting of the application form together with the following items to the Painesville Township Zoning Office) [ Original documents larger than 11x17 size must also be submitted in digital PDF format ]:**

- a. Legal description of property.
- b. A plot plan of property (show tax parcel property lines and identify tax parcel numbers).
- c. List of contiguous properties including those properties directly across the street with names of property owners and current mailing addresses.
- d. Additional sheet (s) if necessary for elaboration or explanation of your appeal basis.
- e. Any documents or additional information appellant wishes to present in support of this appeal.
- f. Fee paid as established per Resolution:

\$ \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner: \_\_\_\_\_



APPLICATION # \_\_\_\_\_

CASE # \_\_\_\_\_

**This Side For Official Use Only - Painesville Township Board of Zoning Appeals**

Date Filed: \_\_\_\_\_

Fee Pd : \_\_\_\_\_ Check # \_\_\_\_\_ / Cash

Notice Sent To Newspaper: \_\_\_\_\_

Date Published : \_\_\_\_\_

Date of Notice to Adjacent Property Owner(s): \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Decision of Board Of Appeals: \_\_\_\_\_ Ayes: \_\_\_\_\_ Nays: \_\_\_\_\_ Abstains: \_\_\_\_\_

If approved, the following conditions are prescribed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If disapproved, the reasons for refusal (findings of facts): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Zoning Appeals Chairman

Board Of Zoning Appeals Secretary

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

**This Section For Zoning Inspector Use Only**

If approved, CERTIFICATE NUMBER ISSUED \_\_\_\_\_

If disapproved, DATE FINDINGS OF FACT RECEIVED BY APPELLANT \_\_\_\_\_