



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

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

## APPLICATION FOR ZONING APPEAL OR VARIANCE

### Board of Zoning Appeals

The undersigned individual(s), being the owner(s) of or being an agent bearing written authorization of the owner(s) of the following described property hereby appeal to the Painesville Township Board of Zoning Appeals the denial or revocation of a zoning permit or a determination made by the Painesville Township Zoning Inspector for the following reason:

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

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

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Zoning Permit Application No.: \_\_\_\_\_ Determination Dated \_\_\_\_\_

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

**Address** \_\_\_\_\_

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

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

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

Appellant \_\_\_\_\_

Address \_\_\_\_\_

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

**Supporting Information: Submit one signed application form. In addition, submit ten packages of documents from the following list, items a-e. [ 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: \_\_\_\_\_ Printed Name \_\_\_\_\_

Appellant: \_\_\_\_\_ Printed Name \_\_\_\_\_

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

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

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

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

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

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

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

**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**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Board Of Zoning Appeals Secretary**

\_\_\_\_\_  
**Date**

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**This Section For Zoning Inspector Use Only**

**Appeal Type:**             Use Variance         Area Variance         Lot Split Variance  
  
                                  Determination         Revocation, Certificate No. \_\_\_\_\_

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

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