



11551 Valley View Rd. ♦ Sagamore Hills, OH 44067

Phone: 330.467.0900 ♦ Fax: 330.655.7899

www.mysagamorehills.com

zoninginspector@mysagamorehills.com

APPLICATION FOR ZONING VARIANCE

APPLICANT INFORMATION

Zoning Application No:

Date Filed:

Applicant Name:

Applicant Address:

Applicant Telephone No.:

Owner Email Address:

PROPERTY OWNER INFORMATION

(only complete this section if different than applicant information)

Name:

Address:

Telephone No.:

Email Address:

REQUEST INFORMATION

Reason/explanation (if applicant is not owner):

Location of subject property (address, allotment name, lot number, etc.):

Zoning classification: Residential Residential Cluster PUD (Greenwood) PUD (Eaton Estates) Commercial Industrial

Description of variance requested (include specific section of Zoning Resolution which applies):

If the existing Zoning Resolution is providing practical difficulties or hardship to applicant or owner, please explain:

How will the granting of a zoning variance affect the immediate neighborhood and community in general:

GENERAL INFORMATION AND REQUIREMENTS:

- The Board of Zoning Appeals only meets upon request.
- A legal notice is advertised ten (10) days before the scheduled hearing. Certified letters are sent by the Zoning Department to all adjoining and neighboring properties.
- Include with this application a sketch of property with boundaries and roads and structures, shown with dimensions. The Sagamore Hills Township Board of Appeals maintains the right to request additional detail to consider this request.
- Provide a vicinity map and site map locating the subject property in Sagamore Hills Township.
- The nature of your business (if applicable), and a statement describing the intended business, including the number of employees.
- If a variance and/or conditional use permit is needed, please compile a complete list, and the reason for.
- A statement of the source of availability of water and sanitary sewers (if applicable).
- A list of all easements.
- Identification of the environmental features of the site including wetland areas and wetland related vegetation.
- Approximate square footage of buildings/home.
- A map of existing topography (8 copies required).

Applicant Signature: _____ *Date:* _____

PRINTED NAME: _____

FEE - (check made payable to Sagamore Hills Township)

See Section 18 Fee Schedule

(The fee is used for legal advertisements and certified notices sent to adjoining properties and any other incurred expenses)

FOR OFFICE USE ONLY

Date/Time Received: _____ **Fee Paid:** Yes No **If yes, Check #:** _____

Date Hearing Advertised: _____

Approved: Yes No **Date:** _____

Reason for Denial (if not approved): _____

BZA Signature: _____

