

Olmsted Township Building Department

Phone: 440-235-4225
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Fax: 440-235-

APPLICATION FOR VARIANCE

Department Use Only
Application # _____ Date Received _____ Hearing Date _____

Applicant's Name _____ Date _____

Address _____ Phone _____

Project Address _____ Sub Lot # _____ Permanent Parcel # _____

Property Owner's Name _____ Phone _____

Property Owner's Address _____

Property Owner's Phone _____ Fax _____ Wireless Phone _____

Variance Request from Section _____ of the Olmsted Township Zoning Resolutions _____

Evidence of practical difficulty (see Section 540.06 (b) 1-9)

Please provide seven (7) copies of the following when applying for this variance:

1. Completed application.
2. Site plan drawn to scale or clearly dimensioned indicating all buildings and lot dimensions.
3. Detail drawings such as: Elevations, Floor plans, and other drawings that convey need for variance.*
4. Samples of intended construction, drawings, brochures, manufactures images, etc.

* It is to the applicant's advantage to provide any information that shows evidence of practical difficulty.

Authorization/ Property Access

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address indicated in this application, and furthermore by signing below, I authorize members of Olmsted Township Building Department and Board of Zoning Appeals access to the property for the limited purposes of photographing and or viewing the area affected by the variance requested in this application and verification of project dimensions.

Property Owner/Agent _____ Date _____ Printed Name _____

DEPARTMENT USE ONLY

ADMINISTRATIVE ACTION

1st – BZA ACTION: _____ COMMENTS/CONDITIONS: _____

CHAIR SIGNATURE: _____

2nd – BZA ACTION: _____ COMMENTS/CONDITIONS: _____

CHAIR SIGNATURE: _____

3rd – BZA ACTION: _____ COMMENTS/CONDITONS: _____

CHAIR SIGNATURE: _____