

Village of Delta

401 Main Street
Delta, Ohio 43515

www.villageofdelta.org

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APPLICATION FOR ZONING VARIANCE BOARD OF ZONING APPEALS

Application Number _____

The undersigned requests a zoning variance for the parcel described below. This request is good for a 6 month period.

1. Name of Applicant _____

Address _____

City, State Zip _____

Telephone _____

2. Location Description: Subdivision Name _____

Section _____ Township _____ Range _____

Block _____ Lot Number _____

3. Existing Zoning _____

4. Proposed Variance _____

5. Discuss the reason for the variance _____
(Attach separate paper if necessary)

6. Supporting information: Attach a site plan for the proposed variance showing the location of buildings, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards and refuse and service areas. Show all that apply for the particular variance. Attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, or odor effects on the other properties in the district. **A list of names and addresses for the adjacent property owners within 200 feet of the above described property is required.**

7. Include the appropriate fee.

Date _____

Signature of applicant _____

FOR OFFICIAL USE ONLY

Date filed _____

Date of Notice to Parties of Interest _____

Date of Notice to Newspapers _____

Date of Public Hearing _____

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