

**CITY OF GALION
VARIANCE
BOARD OF APPEALS**

Date: _____

Variance Address: _____

Applicant: _____ **Phone:** _____

Mailing Address _____

Owner of Property (If different) _____

Mailing Address _____ **Phone:** _____

Zoning District _____ **Inlot/Outlot #** _____

Specific provisions of the Zoning Ordinance which apply _____

THE FOLLOWING MATERIAL MUST BE ATTACHED TO THIS APPLICATION:

1. Legal description of property as recorded in Crawford County Recorder's office.
2. A map or drawing to approximate scale, showing the dimensions of the lot and any existing or proposed building.
3. The names and addresses of all property owners within 200 feet, contiguous to, and directly across the street from the property, as appearing on the Crawford County Auditor's current tax list.
4. Each application for a variance or appeal shall refer to the specific provisions of this Ordinance which apply.
5. A statement explaining the following: 1) The use for which variance or appeal is sought. 2) Details of the variance or appeal that is applied for and the grounds on which it is claimed that the variance or appeal should be granted, as the case may be. 3) The specific reasons why the variance or appeal is justified, according to Chapter 1115.02 A-E of Zoning Ordinance. (See other side)
6. Application Fee: Residential - \$50.00
 Commercial - \$75.00

I hereby certify that all information on this form and attachments is true and correct to the best of my knowledge.

Applicant: _____ **Date:** _____