The Village of Delta

401 Main Street,
Delta, Ohio 43515
419.822.3190
www.villageofdelta.org

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 6 months.

1. Name of Applicant: _____
   Address: _____
   City, State, Zip: _____
   Telephone: _____
   Email: _____
2. Location Description: Subdivision Name: _____
   Section: _____ Township: _____ Range: _____
   Block: _____ Lot Number: _____
3. Existing Zoning:
   _____
   _____
4. Proposed Variance:
   _____
   _____
5. Discuss the reason for the variance:
   _____
   _____
   _____
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 variance. Attach a narrative statement relative to the above requirements and 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: _____