Case Number: _____

Village of Glandorf, Ohio
Board of Zoning Appeals Application

203 North Main Street, Glandorf, OH 45848
Phone: 419-538-6953 Email: village@villageofglandorf.com

All applicants must attend the Board of Zoning Appeals meeting and be sworn in in order to present their case to the Board of Zoning Appeals. The Board of Zoning Appeals may attach conditions to the approval of a variance.

Property Address:_____ **Parcel No:**_____

Applicant: ☐ Is the applicant the property owner? If not, attach owner acknowledgement of this application.	
Address:	
Ph:	Email:
Owners Representative, if applicable:	
Ph:	Email:

☐ Appeal ☐ Variance

Section of the Zoning or Subdivision Regulations from which you are seeking relief? (Number & Title)	
Zoning Category:	Zoning Categories of Adjacent Properties:

Summary of Variance/Appeal Request (attach additional information or pages, if applicable):

The following section shall be completed for Variance requests:

Please provide justification statements based on the following criteria as described in Section 150.116 of the Zoning or Section 151.96 of the Subdivision Regulations.

1. The following special circumstances or conditions (lot size, topography, etc.) apply to the building or land are peculiar to this property does not to other properties in the vicinity:

2. Is the granting of this variance necessary to preserve the reasonable use of this property and not for the convenience of the property owner?

   ☐ Yes, explain: _____ ☐ No

3. The hardship or special circumstance was no created by the property owner. ☐ True ☐ False

4. Provide an explanation as to how the granting of this variance will not alter the essential character of the area and will not put any undue burden on adjacent property owners.

I understand that a variance, upon approval, is valid for two (2) years from issuance and, if not acted on, will become null and void. I further acknowledge that this application does not substitute for a permit or other plan approval which may be required pursuant to the Zoning and/or Subdivision regulations. I certify to the best of my knowledge that the information submitted in this application is correct and true.

Applicant Signature: _____ **Date:** _____

For Office Use Only

Date Submitted: _____

BZA Hearing Date: _____ Fee Paid: _____

☐ Approved ☐ Denied

Comments/Conditions: _____

(This document shall serve as the official record and/or interpretation of Zoning Code or Map)