

Application number _____

Application for a Use Variance

Mantua Township, Portage County

To: Chairman of the Board of Appeals:

On _____ / _____ / _____ I _____

was refused a zoning certificate by the Zoning Inspector of Mantua Township for;

_____ describe _____

_____ address _____

I now make application to the Mantua Township Board of Zoning Appeals for a Use Variance and request a hearing to be set.

Name of legal land owner _____

Address _____

Telephone _____

State the Use Variance requested _____

_____ include section numbers of the Zoning Resolution and your reasons for the request showing how the provisions of the Resolution would result in an unnecessary hardship affecting your property. You may attach an expanded statement and appear and explain your request at the hearing _____

When did you purchase the property? _____

What was the zoning classification at the time of purchase? _____

I understand I am requested to attend the public hearing and state my reasons for requesting the hearing and facts to support the request. I understand I may be represented by my authorized agent with power of attorney for this purpose unless my attendance is required by the Board.

My authorized agent is _____

Address _____ Telephone _____

Date _____ Signature _____

Attach: Filing fee of _____ payable to MANTUA TOWNSHIP TRUSTEES (not refundable).

A new plat map must be obtained from the Portage County Tax Map Office by the applicant.

Include a clearly drawn, reproducible map showing land and pertinent features important to the request. Show the location of all existing and proposed structures, the types of buildings and their existing and proposed uses, complete plans and specifications including all dimensions for all proposed development and construction, and a statement evaluating the effect and compatibility on adjacent properties.

Names and addresses of all adjoining property owners and property owner across the street.

NOTE: NO ACTION WILL BE TAKEN IF THE INFORMATION AND MATERIALS ARE NOT SUPPLIED OR IF THE FORM IS NOT FILLED OUT COMPLETELY.

Send to: Board of Zoning Appeals Chairman.

IV. Summary Hearing Record:

Date advertised: _____ Date of Hearing: _____

Operative motion(s):

Vote on:	Motion 1.	Motion 2.	Motion 3.
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____
M _____	_____	_____	_____

Decision of Board: _____

Facts found and reasons for decisions: _____

Entry in record of the board on (date) _____

by _____

Attest: _____