

Application No. \_\_\_\_\_

**APPLICATION FOR USE VARIANCE**  
**MANTUA TOWNSHIP, PORTAGE COUNTY**

To: The Chairman of the Board of Appeals:

On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, I \_\_\_\_\_

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

Intended use \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ R-1 \_\_\_\_\_ R-2 \_\_\_\_\_ R-3 \_\_\_\_\_ C \_\_\_\_\_ LRM \_\_\_\_\_ I \_\_\_\_\_

Zoning Subdivision (check)

I now make application to the Mantua Township Board of Zoning Appeals for a Use Variance.

Name of legal land owner \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

State the Use Variance requested \_\_\_\_\_

Section and number of the Zoning Resolution that the intended use violates: \_\_\_\_\_

Briefly, state your reasons for the request: \_\_\_\_\_

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/e-mail \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

You will need to attach the following:

- 1) Filing fee of \_\_\_\_\_ payable to: Mantua Township Trustees (non-refundable).
- 2) Your application for zoning certificate that was rejected and signed by the Zoning Inspector.
- 3) Include new plat map; to be obtained from the Portage County Tax Map Office by the applicant.
- 4) 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.
- 5) Include a statement evaluating the effect and compatibility on adjacent properties.
- 6) Include the legal description of the property, as it appears on the deed.
- 7) Include the names and addresses of all adjoining property owners including those across the street.
- 8) Include a brief response to each of the following standards:
  - a) The variance is necessary due to special conditions.

\_\_\_\_\_  
\_\_\_\_\_

- b) A literal enforcement of this Resolution will result in an actual unnecessary hardship to the applicant in the reasonable use of their property.

\_\_\_\_\_  
\_\_\_\_\_

- c) If the use variance is granted, the spirit and intent of this Resolution will be observed and substantial justice done.

\_\_\_\_\_  
\_\_\_\_\_

- d) The approval of the variance will not have an adverse impact on the immediate neighborhood, community land use, or be contrary to the Township's Comprehensive Land Use Plan.

\_\_\_\_\_  
\_\_\_\_\_

- e) The hardship is not self created.

\_\_\_\_\_  
\_\_\_\_\_

- f) The property owner did not purchase the property with the knowledge of the zoning restrictions on the use of the property.
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- g) No use variance shall be granted where the proposed development or use would be contrary to a use prohibited under Section 605.00, Dangerous/Objectionable/Prohibited Uses.
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**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 the Board of Zoning Appeals Chairman.

**PLEASE DO NOT WRITE IN THE FOLLOWING SECTION**

**FOR OFFICIAL USE ONLY**

Summary Hearing Record:

Date advertised: \_\_\_\_\_

Date of hearing: \_\_\_\_\_

Operative motions(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 board on (date) \_\_\_\_\_

By \_\_\_\_\_

Attest: \_\_\_\_\_