Zoning Board of Appeals Application

Polk Township Zoning Inspector 7680 SR 309 Galion, Ohio 44833

1. Address of Property:				
2. Tax Map #:				
3. Property Dimensions: Lot frontage Lo			ot Depti Total Sq. Ft.	
4. Owner of Record is:	<u></u>		Phone:	
(Address)	(City)	. <u></u>	(State)	(Zip)
5. Applicants Name:			Phone:	
6. Requesting Use Variance	Area Variance			
7. All existing uses on the property are:		-=		
8. Proposed use on property, if application is ap	oproved are: _			
9. Area Variance requested: Front	Rear	Side	Side _	
10. Date Building Permit was submitted:		_	Date Deni	ed
THE APPLCANT'S SIGNATURE BELOW IND APPLICATION AND ON ANY ACCOMPANY				
(Name of Applicant)				
(Property Owner if Different)			· · · · · · · · · · · · · · · · · · ·	
(Signature of Applicant)			Date:	
(Signature of Owner if Different)			Date:	

Zoning Board of Appeals Application

OFFICIAL USE ONLY					
Zoning Board of Appeals Fee:	Date Paid:				
Date of Public Hearing:					
Date Variance Granted:	Date Variance Denied:				
Reason Variance Denied:					

List the owners of record of all properties adjacent to, and across the road from, the property for which the application is being filed. These parties will be notified by Polk Township prior to the public hearing.

TAX MAP#	OWNER'S NAME	MAILING ADDRESS		
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