



Madison Township, Lake County, Ohio
APPLICATION FOR ZONING APPEAL OR VARIANCE
Board of Zoning Appeals

2065 Hubbard Road
Madison, Ohio 44057
(440) 428-1120
Zoning@madisontownship.net

Application #: _____

The undersigned owner(s), of the following described property hereby appeal to the Madison Township Board of Zoning Appeals, the denial of a zoning permit by the Madison Township Zoning Inspector for the following reason:

Property Owner or Appellant: _____

Location Address: _____

Permanent Parcel # _____ Current Zoning District: _____

Contact: Cell #: _____ Email: _____

A. A variance is requested in this case to avoid practical difficulty or unnecessary hardship because (other than self-created or the practical difficulty associated with the property*):

B. There was an error of interpretation in said decision as follows

*Must meet the minimum standard as set by the Ohio Revised Code and noted in Section 142.3 of the Madison Township Zoning Resolution.

Variance requested from the Township Zoning Resolution Section _____

Submit six (6) packages consisting of the application form together with the following items to Madison Township Zoning Office:

- a. Legal description of property.
- b. Plot plan of property (show tax parcel property lines and identify tax parcel numbers).
- c. Letter of Intent
- d. Additional sheets, if necessary, for elaboration or explanation of your appeal basis.

Date: _____

Signature

Printed Name

*** A zoning permit is still required upon approval.

Application Fee: **\$400.00** (Exact cash or check made payable to Madison township 2065 Hubbard Rd. Madison, OH 44057)

THIS SIDE FOR OFFICIAL USE ONLY

Date Filed: _____ Fee Paid: \$ _____ Check # _____ /Cash

Received by: _____ Application # _____

Date Property Owner Notices to be sent: _____

Date legal ad sent to Newspaper: _____ Date Legal Ad to be placed: _____

Date of Board of Zoning Appeals Hearing: _____ Time of Hearing: _____

Decision of Board of Zoning Appeals: _____ Approved _____ Denied

Date of Board Decision: _____

Conditions prescribed upon Board approval: _____

Reasons/Findings of facts for disapproval: _____

Board of Zoning Appeals Chairman

Board of Zoning Appeals Secretary

If approved, CERTIFICATE NUMBER ISSUED: _____