

No. _____

LaGrange Township
Application for Zoning Variance

The undersigned hereby applies to the LaGrange Township Zoning Board of Appeals, Lorain County, Ohio, for a zoning variance for the following use, on the basis of the representations herein contained, all of which the applicant swears to be true;

1. Landowners name _____
Address _____
Phone _____
2. Property location _____

3. Occupant of dwelling _____
4. Original lot number _____ P.P. number _____
5. Type of request and explanation:
 - Sideline _____

 - Frontage _____

 - Use variance _____

 - Home Occupation _____

 - Conditional use _____

6. Reason for this variance request: _____

7. Landowners Signature _____

1. Please list names and addresses of all adjoining property owners, as well as those directly across the street. These must be accurate so that all concerned parties are notified or hearing can be declared null and void. Names and addresses can be obtained from the Lorain County Auditors office if necessary.
2. Include a map or drawing, to scale, of the whole property showing location of all buildings and measurements. You may also include pictures or other documents that may be of assistance to the Board.
3. Return this completed form, along with a check made payable to LaGrange Township for \$250.00 to LaGrange Township, P.O. Box 565, LaGrange, OH, 44050. You will be notified by mail of the date and time of hearing.
4. If the request is for a lot split with the end result being a lot on which a home may be built, you must have in your possession a health permit or a letter from the Lorain County Health Department, prior to the submission of this applications, documenting that a health permit can be obtained for a sewage system.
5. You will be notified by mail of the date and time of public hearing.

No. _____

Landowners Name _____

Date of Hearing _____ Approved _____ Denied _____

Signature of Board

Secretary _____

Comments:

