



Bainbridge Township
17826 Chillicothe Road
Chagrin Falls, Ohio 44023
(440) 543-9871

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**APPLICATION FOR
NOTICE OF APPEAL REQUESTING
AN AREA VARIANCE**

DATE RECEIVED:
(OFFICE USE)

APPLICATION NO. _____

BZA NO. _____

FACILITY FILE NO. _____

The undersigned hereby applies for an area variance for the following described real property. All completed applications for an area variance shall be submitted to the Zoning Inspector and shall, at a minimum, include the following information. The Zoning Inspector or the Board of Zoning Appeals may request such additional information as may be necessary to ensure compliance with the Zoning Resolution or waive requested information that is not applicable.

This application shall be completed by the property owner of record or his/her authorized attorney. Incomplete applications will not be processed. Please print legibly or type all information, sign, and date this form.

1. PROPERTY INFORMATION

Site Address (if different from below):

Geauga County Auditor's Parcel Number:

2. IDENTIFICATION

Appellant: Owner Attorney

Appellant:

Name	Email
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Address	City	State	Zip
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Phone Number(s)	Home	Office	Mobile
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3. ATTACH THE SITE PLAN THAT WAS SUBMITTED WITH ZONING CERTIFICATE APPLICATION

4. PROVIDE THE FOLLOWING ADDITIONAL INFORMATION

1. State the exact nature of the variance requested:

2. Provide the specific zoning regulations, the chapter and section number(s), from which a variance is requested:

3. Written justification for the requested variance shall be made. The practical difficulties standard shall apply to an area variance and the factors to be considered include, but are not limited to, the following. Not all of the factors must be met by the appellant and no single factor controls in a determination of practical difficulties.

a. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance:

b. Whether the variance is substantial:

c. Whether essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance:

d. Whether the variance would adversely affect the delivery of governmental services (*e.g. sewer, water*):

e. Whether property owner purchased the property with the knowledge of the zoning restriction:

f. Whether property owner's predicament can be obviated through some method other than a variance:

g. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance:

5. SIGNATURE

The undersigned hereby certifies that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief. I hereby acknowledge that I understand the penalty for falsification is imprisonment for not more than six months, or a fine of not more than \$1,000, or both.

Printed Name of Appellant or Attorney:

Application Date:

Signature of Appellant or Attorney:

6. VALIDATION (Office Use Only)

Fee: \$

Received By:

Date:

Title: