



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

www.bainbridgetwp.com
 Email: zoning@bainbridgetwp.com

**APPLICATION FOR
 NOTICE OF APPEAL REQUESTING A
 USE VARIANCE**

DATE RECEIVED:
 (OFFICE USE)

APPLICATION NO. _____
 BZA NO. _____
 FACILITY FILE NO. _____

The undersigned hereby applies for a use variance for the following described real property. All completed applications for a use 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
------	-------

Address	City	State	Zip
---------	------	-------	-----

Phone Number(s)	Home	Office	Mobile
-----------------	------	--------	--------

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 unnecessary hardship standard shall apply to a use variance and the factors to be considered include, but are not limited to, the following. All of the following factors must be met by the appellant.

a. Why the variance requested stems from a condition which is unique to the property at issue and not ordinarily found in the same zone or district:

b. Why the hardship condition is not created by actions of the appellant:

c. Why the granting of the variance will not adversely affect the rights of adjacent owners:

d. Why the granting of the variance will not adversely affect the public health, safety, or general welfare:

e. Why the variance will be consistent with the general spirit and intent of the zoning resolution:

f. Why the variance sought is the minimum which will afford relief to the appellant:

g. Why there is no other economically viable use which is permitted in the zoning district:

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: