BOARD OF ZONING APPEALS APPLICATION
VARIANCE REQUEST

Date Filed: _____

Name: _____ Address: _____

Telephone: _____ _____

Location of Lot: _____ Side of Road_____
(north, south, east or west) (road, street, route)

Between _____ and _____
(road, street, route) (road, street, route)

Number of Acres/ Lot Size: _____

Building Outside Dimensions: _____

Height of Building: _____

All Buildings located on the property: _____

Section of Zoning Resolution Effected: _____

_____

Details of variance requested. _____

_____

_____

_____
Applicant's Signature

Approved: _____ Vote: _____

Denied: _____ Vote: _____

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The following is a reference guide to providing the necessary information to process the request. This information in no way guarantees any approval(s).

1. Application
2. $250.00 non refundable fee
3. Names and Addresses of all adjoining property owners
4. A letter/statement supported by substantiating evidence regarding the request
5. Site plan, plot plan, or development plans – Maps
6. No application will be processed without complete information
7. Meetings are scheduled on Monday evenings
8. A public hearing will be scheduled upon receipt of a complete application in a newspaper of general circulation
9. Notice of the hearing will be sent ten (10) days prior to the meeting date
10. Applicant agrees upon submission of an application to grant zoning personnel permission to access the affected property to further investigate the request
11. Applicant will be responsible for obtaining any and all additional certificates and meeting any and all additional requirements in regard to the Lexington Township Zoning Resolution
12. All applicants will receive in writing the Board of Zoning Appeals decision on their application
13. Any denial of request may be appealed to the Stark County Common Pleas Court