



P.O. Box 27  
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Buckeye Lake, Ohio 43008

**THE VILLAGE OF BUCKEYE LAKE**

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## Board of Zoning Appeals APPLICATION FOR VARIANCE

The undersigned applies for a Board of Zoning Appeals Variance for the following use, said variance to be granted, if approved, on the basis of the information contained within this application. The applicant hereby certifies that all information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form, to submit plans, drawn to scale, showing the actual dimensions and shape of the lot, exact dimensions and locations of items being sought for variance on the lots.

1. **Property Address where variance is requested:** \_\_\_\_\_

Lot Number(s) \_\_\_\_\_ Subdivision Name (if applicable): \_\_\_\_\_

Township \_\_\_\_\_ County \_\_\_\_\_ District & Parcel #: \_\_\_\_\_ - \_\_\_\_\_

(If property is not located in a platted subdivision attach a legal description)

2. **Name of Property Owner:** \_\_\_\_\_

Property Owner's Mailing Address \_\_\_\_\_

Phone Numbers:(Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

3. **Name of Agent/Developer:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone #:(Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

4. **Present Zoning:** \_\_\_\_\_ **Existing Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

5. **Nature of Variance Request:** \_\_\_\_\_

6. **Permitted Lot Coverage:** \_\_\_\_\_ % **Requested Lot Coverage** \_\_\_\_\_ %

7. **Dimensions of Lot:** Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Area \_\_\_\_\_ sq. ft.

8. **Square Feet of new construction if applicable:** Residence \_\_\_\_\_ sq. ft. Garage \_\_\_\_\_ sq. ft.

Basement \_\_\_\_\_ sq. ft. Commercial/Industrial \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

9. **Building Heights:** Number of Stories \_\_\_\_\_ Total Feet in Height \_\_\_\_\_

10. **Setbacks:** Front \_\_\_\_\_ Rear \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_ Total of side yards \_\_\_\_\_

11. **Number of off-street parking spaces required:** \_\_\_\_\_ **requested:** \_\_\_\_\_

12. On a separate sheet attach a list of other supplemental requirements or conditions that will be met, or explain any points you feel need clarification.

**Property owners signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(For Official Use Only)**

Application Fee: (\$10.00) \$ \_\_\_\_\_

Variance Request Fee: (\$150.00) \$ \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Received by:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Date request forwarded to Board of Zoning Appeals (BZA):** \_\_\_\_\_

**Action Taken by BZA:** Decision upheld \_\_\_\_\_ Decision overturned \_\_\_\_\_

**Conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BZA Chairperson' Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_