

Zoning Board of Appeals Application

Polk Township Zoning Inspector
7680 SR 309
Galion, Ohio 44833

Application #: _____
Zoning Board of Appeals
Fax (419)468-3880
email: plrondon@hotmail.com

1. Address of Property: _____

2. Tax Map #: _____

3. Property Dimensions: _____ Lot frontage _____ Lot Deptl _____ Total Sq. Ft.

4. Owner of Record is: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

5. Applicants Name: _____ Phone: _____

6. Requesting Use Variance _____ Area Variance _____ Other _____

7. All existing uses on the property are: _____

8. Proposed use on property, if application is approved are: _____

9. Area Variance requested: Front _____ Rear _____ Side _____ Side _____

10. Date Building Permit was submitted: _____ Date Denied _____

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND ACCURATE.

(Name of Applicant)

(Property Owner if Different)

(Signature of Applicant) Date: _____

(Signature of Owner if Different) Date: _____

