

Variance or Conditional Use Application

RAVENNA TOWNSHIP ZONING

6115 S. Spring Street
Ravenna, Ohio 44266
Phone: (330) 296-9616 Fax: (330) 297-9138
www.ravennatownship.com

<u>Township Use Only:</u>	
Parcel #	_____
Date Received:	_____
Zoning District	_____
Certificate #	_____
Fee Paid	_____

Date: _____

Property Address _____

Property Owner _____

Applicant (if different) _____

1. State the current zoning of the property and the current use of the property: _____

2. Provide the names and addresses of all property owners adjacent to the property: _____

3. Describe the proposed use of the property, including all proposed construction: _____

4. State the specific Variance(s) requested, including each specific provision of the Zoning Regulations from which a Variance is requested: _____

5. Describe the impact of the requested Variance(s) upon adjoining property owners and the Township, considering the effect of such elements as noise, light, odor, vibration and traffic, and how the variance will be compatible with adjacent and other properties in the District: _____
