

# 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](http://www.ravennatownship.com)

### Township Use Only:

Parcel # \_\_\_\_\_

Date Received: \_\_\_\_\_

Zoning District \_\_\_\_\_

BZA Case # \_\_\_\_\_

Fee Paid \_\_\_\_\_

Date: \_\_\_\_\_ Property Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Phone #: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Property Owner Information: **(Please fill out below IF address, name or phone is different than above)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please fill out the following information accurately, if not completed, application will not be accepted**

1) State the **current** Zoning District property is in:

\_\_\_\_\_

2) State the **current use** of property:

\_\_\_\_\_

3) Provide the neighboring **property owners names & addresses: (left, right, rear, across street)**

Left Side: \_\_\_\_\_

Right Side: \_\_\_\_\_

Rear: \_\_\_\_\_

Across Street: \_\_\_\_\_

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- 1.) Completely fill out the above application, if the question does not apply to your application, use N/A.
- 2.) Detailed Site Plan:
  - a. Provide **eight (8) color copies** of the site plan
  - b. Site plan **MUST** include:
    - i. All property boundary lines
    - ii. All dwellings and accessory structures that currently exist on the property
    - iii. The proposed structure (if needed) including all setbacks

4.) Appropriate application fee, *exact cash* or check made out to Ravenna Township

Applicant	Date	Property Owner	Date
Zoning Inspector	Date		