

WESTFIELD TOWNSHIP ZONING

APPLICATION FOR SIGNAGE VARIANCE

INCOMPLETE APPLICATIONS AND APPLICATIONS WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED AND MAY RESULT IN A DELAY IN THE PROCESSING OF THE APPLICATION.

Name of Applicant _____

Mailing Address _____

Phone Number _____ Business _____

Cell Phone Number _____ Fax Number _____

Address of Property Requesting the Variance _____

Permanent Parcel Number _____ Township Zoning District _____

Tax Map Address Slip

Property Size in Acres _____ Aerial Photo of Property

Drawing of Property showing dimensions

Please attach Name & Address of Property Owners Adjacent to and Across the Street from Variance Location. The above requirements are available from Medina County Tax Map Office or online at www.highwayengineer.co.medina.oh.us. Please note it is the responsibility of the applicant to supply correct/current tax mailing addresses for all contiguous property owners

Existing Use _____

Description of Signage Variance including Section No. of the Zoning Resolution

Supporting Information (as applicable)

Provide plans showing location of existing buildings, parking and loading areas, traffic access and circulation drives, and any other accessory structures on this property. Then show location, area, height, setbacks, yard, or other dimensional requirements of the district and any other information to assist this application.

NOTE: Nine (9) copies of the application and supporting information are required.

Applicant _____

Date _____

Applicant has been given a copy of the Duncan Factors and Rules of Procedure of the Board of Zoning Appeals.

**Signage Variance
Official Use Only**

- 1. Date Filed _____
- 2. Application Fee Paid \$ _____
- 3. Fee Receipt Number _____
- 4. Date of Notice to Parties in Interest _____
- 5. Date of Notice in Newspaper _____
- 6. Date of Public Hearing _____
- 7. Board Recommendations or Modifications _____

- 8. Date of Board Decision _____
- 9. Decision of Board _____
- 10. If Denied, Reason for Denial _____

- 11. Secretary Signature _____ Date _____

- 12. Board Chairman Signature _____ Date _____