

# Village of Clinton

7871 Main St., Clinton, Ohio 44216  
Phone: (330)882-4782 Fax: (330)882-5220  
www.clintonvillageohio.com

## -Zoning Variance Application -

### Applicant Data

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

Company Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

### Property Data

Zoning District: (circle one) CD R-1 R-2 R-3 B-1 B-2 I-1

Corner Lot:  Yes  No Note: Corner lots are required to meet the front setback on both streets.

Site Address: \_\_\_\_\_ Parcel No.: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### Variance(s) Requested

Below list the specific section from the Zoning Ordinance from which the variance is being sought, a description of each variance being sought, and explain the practical difficulty justifying the application for each variance being sought. Please attach an outline of the proposed project explaining why there is a need for a variance. The Zoning Ordinance is available online at [www.clintonvillageohio.com](http://www.clintonvillageohio.com) through the zoning link.

1. Section: \_\_\_\_\_ Description: \_\_\_\_\_

Practical Difficulty: \_\_\_\_\_

2. Section: \_\_\_\_\_ Description: \_\_\_\_\_

Practical Difficulty: \_\_\_\_\_

**Required Site Plan Data and Architectural/Construction Drawings**

Six (6) copies of the site plan. The site plan must show the following:

- A North arrow and scale
- Existing structures and dimensions
- Driveway and road access locations (existing and/or proposed)
- Proposed structure(s) and dimensions
- All setbacks and lot dimensions
- Roads and easements (include details)

Six (6) copies of the building/construction plans showing major details including height data.

Septic system and well location, if applicable then provide copies of sewage disposal system plan and approval from the Summit County Health Department (330-923-4891).

**Applicant Certification**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee is \$200.00 for residential applications and \$300.00 for commercial applications (make check payable to *Village of Clinton*)**

**For Office Use Only**

Zoning Board of Appeals

File No.: BZA - -

Hearing Date: \_\_\_\_\_ Public Notice Date: \_\_\_\_\_

Published In: \_\_\_\_\_ Notification Date: \_\_\_\_\_

- Approved
- Approved with Conditions
- Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
Zoning Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_