



# Village of Commercial Point

P.O. Box 56  
Commercial Point, Ohio 43116  
(614) 877-9248

## Variance Application

### PROPERTY OWNER

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Address of Subject Property \_\_\_\_\_

Current Zoning \_\_\_\_\_ Variance Request Pertaining to Section# \_\_\_\_\_

Requested Variance \_\_\_\_\_

Attach a legal description and current survey (within 2 yrs.) of the subject property and all supporting materials as required by Section 1147.02 (c). Additional information may be required by the Planning and Zoning Administrator or the Planning and Zoning Commission.

**I certify that the information provided with this application is correct and accurate to the best of my ability.**

\_\_\_\_\_  
Property Owner's or Authorized Agent's Signature

\_\_\_\_\_  
Date

Date Received \_\_\_/\_\_\_/\_\_\_

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

Date of Action \_\_\_/\_\_\_/\_\_\_

Application Approved: Yes \_\_\_ No \_\_\_  
\_\_\_ Yes with conditions

Expiration Date \_\_\_/\_\_\_/\_\_\_

Chairperson of Planning and Zoning Commission \_\_\_\_\_