

**Franklin Township, Portage County, Ohio**

Application for  Zoning Variance  Conditional Use  Site Plan Review

To: Chairman, Franklin Township Board of Zoning Appeals

On \_\_\_\_\_ I was refused a zoning permit by the Zoning Inspector of Franklin Township for a

\_\_\_\_\_  
(Describe Use)

at \_\_\_\_\_  
(Address or Describe Location)

Fifteen digit parcel number \_\_\_\_\_

I now make application, on appeal for a  Zoning Variance  Conditional Use  Site Plan Review and request a hearing.

Property Owner Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

Agent or Representative Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

Mail notices to  Property Owner  Agent or Representative

State the variance, conditional use or site plan review requested and your reasons for the request. You may attach an expanded statement. You or a representative will be required to appear in person to explain your request to the Franklin Township Board of Zoning Appeals.

Zoning Code Section Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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When was the property purchased? \_\_\_\_\_ Zoning Classification at purchase \_\_\_\_\_

Current Zoning Classification \_\_\_\_\_

I understand that I have the right to state my reasons and to offer facts to support my request at the public hearing. I understand I may be represented by my authorized agent with power of attorney for this purpose, unless my attendance is required by the Board of Zoning Appeals and that I may be represented by an attorney.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Property Owner)

Printed name of Property Owner \_\_\_\_\_

Attach non refundable filing fee of **\$200.00** for Zoning Variance or Conditional Use, payable to Franklin Township. Attach non refundable filing fee of **\$300.00** for Site Plan Review, payable to Franklin Township.

Attach a clearly drawn **8 ½ " by 11" site plan** showing lot dimensions, dimensions of existing and proposed structures and the distances of these structures from the lot lines. Please indicate the direction north with an arrow and the letter "N".

State the exact variance being requested. For example if you want to build an accessory building that is twenty (20) feet high and the zoning code allows a height of fifteen (15) feet, the variance requested will be five (5) feet.

Please call Joe Ciccozzi, Zoning Inspector at 330-697-6534 for help in completing the application. The application must be accurate before it will be placed on the agenda for the Board of Zoning Appeals.

Please send completed application to: Joe Ciccozzi  
218 Gougler Ave.  
Kent OH 44240  
330-697-6534

The application must be received at least fifteen days prior to the hearing date.

**Note: No action will be taken if the information requested on this application is not complete.**

**ALL INFORMATION ON THIS APPLICATION AND ANY ATTACHMENTS MUST BE TYPEWRITTEN OR PRINTED USING BLACK OR BLUE INK.**