

# VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET  
CANAL WINCHESTER, OHIO 43110

PLANNING AND ZONING DEPARTMENT  
PH 614.837.7501 FAX 614.837.0145

## APPLICATION FOR ADMINISTRATIVE VARIANCE

rev. 5/15/2007

Property Owner's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
(if applicable)

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

Neighborhood Located In \_\_\_\_\_

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

Attach a sketch plan of the property showing accurate dimensions of all existing and proposed structures and their distances from property lines. Additional information to determine compliance with the zoning code may be required by the Planning and Zoning Administrator.

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

\_\_\_\_\_  
**Property Owner's Signature**

\_\_\_\_\_  
**Date**

**DO NOT WRITE BELOW THIS LINE**

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

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

Historic District: \_\_\_ Yes \_\_\_ No  
Preservation Area: \_\_\_ Yes \_\_\_ No

Tracking No.: AV - \_\_\_\_\_

Application \_\_\_ No

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

Approved: \_\_\_ Yes

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

\_\_\_ Yes, with conditions