

VILLAGE OF ENON, OHIO
BOARD OF ZONING APPEALS
APPLICATION FOR VARIANCE

VARIANCE NO. _____

NAME OF APPLICANT/ OWNER: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER: _____

NATURE OF VARIANCE REQUEST: _____

SUPPORTING EVIDENCE FOR VARIANCE REQUEST

1. State the special circumstances or conditions associated with this property that are not ordinarily found in the same zoning district: _____

2. State why the special circumstances or conditions listed above do not result from actions of applicant: _____

3. State why granting this variance is necessary to the preservation and enjoyment of substantial property rights:

4. State any other information that may be pertinent to the granting of this variance request:

SIGNATURE OF APPLICANT

DATE