

VARIANCE APPLICATION

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

Project/Property Address or Location:		Project Name/Business Name (if applicable):	
Parcel ID No.(s):	Current Zoning:	Total Acreage:	
Description of Variance Requested:			
STAFF USE ONLY – Code Section(s) & Description of Variance:			
APPLICANT Name (primary contact) -do <u>not</u> use a business name:		Applicant Address:	
Applicant E-mail:		Applicant Phone No.:	
BUSINESS Name (if applicable):			
ATTORNEY/AGENT Name:		Attorney/Agent Address:	
Attorney/Agent E-Mail:		Attorney/Agent Phone No.:	
ADDITIONAL CONTACTS (please list all applicable contacts)			
Name(s):		Contact Information (phone no./email):	
Contractor			
Developer			
Architect			
PROPERTY OWNER Name: (if different from Applicant)		Property Owner Contact Information (phone no./email):	

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED (see page 2)

I certify that the information on this application is complete and accurate to the best of my knowledge, and that the project as described, if approved, will be completed in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

THIS FORM IS AVAILABLE TO BE SUBMITTED ONLINE: www.gahanna.gov

INTERNAL USE

Zoning File No. _____
PC Meeting Date: _____
PC File No. _____

RECEIVED: _____
DATE: _____

PAID: _____
DATE: _____
CHECK#: _____

VARIANCE APPLICATION – SUBMISSION REQUIREMENTS

PLEASE NOTE: This application is not to be considered complete until all documents are received and approved by the Planning & Zoning Administrator.

STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Review Gahanna Code Section 1131 (visit www.municode.com) (Sign Variances, refer to Section 1165.12 ; Fence Variances, 1171.05 ; Flood Plain Variances, 1191.18)				
	2. Pre-application conference with staff				
	3. Survey of property certified by a registered surveyor (11"x17" copy)				
	4. List of contiguous property owners & their mailing address				
	5. Pre-printed mailing labels for all contiguous property owners				
	6. A statement of the reason(s) for the variance request that address the following three conditions: (not applicable for Sign, Fence, or Flood Plain Variances) - Special circumstances or conditions - Necessary for preservation - Will not materially affect adversely the health or safety				
	7. Application fee paid (in accordance with the Building & Zoning Fee Schedule)				
	8. Application & all supporting documents submitted in digital format				
	9. Application & all supporting documents submitted in hardcopy format				
	10. Authorization Consent Form Complete & Notarized (see page 3)				

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APPLICATION ACCEPTANCE

INTERNAL USE

This application has been reviewed and is considered complete and is hereby accepted by the Zoning Division of the City of Gahanna and shall be forwarded to the City of Gahanna Planning Commission for consideration.

Planning Commission must recommend to City Council for final approval

Planning & Zoning Administrator Signature: _____ Date: _____

AUTHORIZATION CONSENT FORM

(must sign in the presence of a notary)

If you are filling out more than one application for the same project & address, you may submit a copy of this form with additional applications.

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S) *If the applicant is not the property owner, this section must be completed & notarized.*

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all terms and agreements made by the designated representative.

Property Owner Signature: _____ Date: _____

AUTHORIZATION TO VISIT THE PROPERTY

I, _____, the owner or authorized owner's representative of the subject property listed on this application, hereby authorize City representatives to visit, photograph and post notice *(if applicable)* on the property as described in this application.

Property Owner Signature: _____ Date: _____

NOTARY

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____

AGREEMENT TO COMPLY AS APPROVED

I, _____, the applicant of the subject property listed on this application, hereby agree that the project will be completed as approved and any proposed changes to the approved plans shall be submitted for review and approval to the Zoning Division staff.

Applicant Signature: _____ Date: _____

NOTARY

Subscribed and sworn to before me on this _____ day of _____, 20_____.

State of _____ County of _____

Stamp or Seal

Notary Public Signature: _____