Russell Township
8505 Kinsman Road
Novelty, Ohio 44072
Administrative Building

phone 440-338-5811
www.zoning.geauga.us.gov

ZONING NOTICE OF APPEAL REQUESTING A USE VARIANCE

SECTION 9.14(B)

FORM NO.13

The undersigned hereby applies for a use variance for the following described property. All completed applications shall be submitted to the Zoning Inspector and shall, at a minimum, contain the following information. The Zoning Inspector or the Board of Zoning Appeals may request additional information as may be necessary to ensure compliance with the Zoning Resolution or waive requested information that is not applicable. This application shall be completed by the property owner of record or his authorized attorney. Incomplete applications shall not be processed. Please print legibly or type all information, sign, and date this form.

Note: This application must be submitted within twenty (20) days after the denial of a zoning certificate by the Zoning Inspector.

1. Name(s) of appellant(s): _____

   Name(s) of property owner(s) if different from appellant _____

   _____

2. Address: _____

   Street Address Post Office State Zip Code

3. Phone No.: (____)_____ _____Email:_____

4. Attach a copy of the zoning certificate application and site plan that was denied by the Zoning Inspector.

5. Provide the specific zoning regulation(s) and section number(s) from which variance is requested: _____

6. Please provide written justification for the requested variance.

   _____

   _____

   _____

Responses to the following Duncan Factors (a-g) shall be provided. shall be provided. **Note:** The unnecessary hardship standards shall apply to a use variance and the following factors to be considered include, but may not be limited to, the following. All of the factors must be met by the appellant.

a. Whether the variance requested stems from a condition that is unique to the property and not ordinarily found in the same zone or district.

_____

_____

b. Did the actions by the appellant create this hardship condition.

_____

_____

c. Whether the variance would adversely affect the rights of adjacent owners.

_____

_____

d. Whether the granting of the variance would adversely affect public health, safety or general welfare.

_____

_____

e. Whether the variance will be consistent with the general spirit and intent of the Zoning Resolution.

_____

_____

f. Whether the variance sought is the minimum which will afford relief to the appellant.

_____

_____

g. Whether there is no other economically viable use of the property which is permitted in the affected zoning district.

_____

_____

The undersigned hereby states that all of the information contained in this application is true and correct to the best of my knowledge, information, and belief. I hereby acknowledge that the penalty for falsification is imprisonment for not more than six (6) months, or a fine of not more than $1,000.00, or both.

Signature of appellant: _____ Date:_____

Printed name: _____

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FOR OFFICAL USE ONLY

Date Received: _____

Application Fee Received: _____

Zoning Certificate Application Number: _____

Facility File Number: _____ Parcel #_____

Variance Number: _____