



Village of Minerva Park

PLANNING & ZONING
2829 MINERVA LAKE RD
COLUMBUS OH 43231
PHONE: 614-882-5743
FAX: 614-882-0701

NO: _____
MP NO. _____
RECD BY _____ DATE: _____

VARIANCE / APPEAL APPLICATION

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

Variance \$50 Appeal \$100 For permit/record # _____

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 not use a business name		Applicant Address:	
Applicant E-mail:		Applicant Phone No.:	
BUSINESS Name:			
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:		Property Owner Contact Information (phone no./email):	

APPLICANT SIGNATURE BELOW CONFIRMS THE SUBMISSION REQUIREMENTS HAVE BEEN COMPLETED (see page 2 & 3)

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 in accordance with the conditions and terms of that approval.

Applicant Signature: _____ Date: _____

INTERNAL USE

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

RECEIVED: _____
 DATE: _____

PAID: _____
 DATE: _____
 CHECK#: _____

STAFF USE - INTAKE	TO BE COMPLETED/SUBMITTED BY THE APPLICANT:	APPLICANT		STAFF USE	
		YES	N/A	YES	N/A
	1. Review Minerva Park Code				
	2. Pre- application conference with staff				
	3. Survey of property 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: - Special circumstances or conditions - Necessary for preservation - Will not materially affect adversely for health or safety				
	7. Application fee paid				
	8. Application & all supporting documents submitted				
	9. Authorization Consent Form Complete (see page 3)				

AUTHORIZATION CONSENT FORM

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*

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 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:** _____

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 plan shall be submitted for the review and approval to the Planning and Zoning Division staff

Applicant Signature: _____ **Date:** _____

APPLICATION ACCEPTANCE

If This application has been reviewed and is considered complete and is hereby accepted by the Planning & Zoning Dept of Village of Minerva Park and shall be:

- Forwarded to the Village of Minerva Park Planning & Zoning Commission for consideration.
- Forwarded to the Administration for consideration.

Planning & Zoning Administrator Signature: _____

APPROVAL BY THE PLANNING & ZONING ADMINISTRATOR

In accordance with the Codified Ordinances of the Village of Minerva Park, I hereby certify that this project, as stated above, was approved by the Planning & Zoning Administrator on _____. The applicant shall comply with any conditions approved by the Planning and Zoning Administrator and shall comply with all building, zoning and landscaping regulations of the Village of Minerva Park.

Planning & Zoning Clerk Signature: _____

Code Enforcement Officer Signature: _____

Planning & Zoning Commission Signature: _____

This application will be forwarded to the Planning & Zoning Commission read by title at the first regular meeting of Planning & Zoning Commission following approval by the Planning & Zoning Administrator.

RESULTS OF VARIANCE / APPEAL

___ The Variance/Appeal is hereby DENIED on _____

___ The Variance/Appeal is hereby APPROVED on _____

Conditions: _____

By: _____
Planning & Zoning Commission Date

By: _____
Planning & Zoning Commission Date

Filed and recorded by (signature)

Title

Date