



Village of Ashville



P.O. Box 195

200 East Station Street

Ashville, OH 43103

Office: 740/983-6367 ● Fax: 740/983-4703

ASHVILLE APPLICATION FOR VARIANCE/APPEAL

DATE: _____ PHONE # _____

APPLICANT'S NAME: _____

ADDRESS: _____

OWNER'S NAME & ADDRESS: _____
(IF SAME AS APPLICANT WRITE SAME)

PROPERTY ADDRESS: _____

ZONING DISTRICT: _____ PROPOSED USE OF PROPERTY: _____

THE PROPERTY OWNER/APPLICANT MUST SUPPLY A LEGAL DESCRIPTION OF THE PROPERTY, AS RECORDED IN THE PICKAWAY COUNTY RECORDER'S OFFICE. LEGAL DESCRIPTION ATTACHED: YES _____ NO _____

A SCALES PLOT PLAN MUST BE PROVIDED. PLOT PLAN ATTACHED: YES _____ NO _____

REASON (ZONING) (SIGN) PERMIT WAS DENIED BY ZONING INSPECTOR: _____

APPLICANT'S REASON FOR APPEAL: _____
(PURSUANT TO SECTION 5.02 (A-E))

THE NAMES AND MAILING ADDRESSES OF ALL PROPERTY OWNERS WITHIN 200 FEET, CONTIGUOUS TO, AND DIRECTLY ACROSS THE STREET FROM THE PROPERTY, AS APPEARING ON THE PICKAWAY COUNTY AUDITOR'S CURRENT TAX LIST, IN THE PICKAWAY COUNTY COURT HOUSE, MUST BE PROVIDED.

LIST OF ADJACENT PROPERTY OWNERS (WITHIN 200 FEET) ATTACHED: YES _____ NO _____

I HEREBY APPEAL THE DECISION OF THE ZONING INSPECTOR FOR THE REASONS STATED ABOVE.

DATE: _____ APPLICANT'S SIGNATURE: _____

PRINT NAME _____

DO NOT WRITE BELOW THIS LINE

DATE FILED: _____ FEE: _____ RECEIVED BY: _____

ACTION BY ZONING COMMISSION: ON THE _____ DAY OF _____, 2017

THE PLANNING & ZONING COMMISSION (APPROVED) (DENIED) THE VARIANCE/APPEAL WITH THE FOLLOWING CONDITIONS:

FOR THE FOLLOWING REASONS: _____
(PURSUANT TO SECTION 5.02 (A-E))

THE ZONING INSPECTOR IS HEREBY AUTHORIZED TO ISSUE A (ZONING) (SIGN) PERMIT FOR THE ABOVE LOCATION, SUBJECT TO THE ABOVE CONDITIONS.

DATE: _____ ZONING COMMISSION: _____