

VILLAGE OF LEETONIA

300 E. Main St. Leetonia Ohio 44431
Phone (330)-427-6721 Fax (330)-427-8088
OFFICE OF ZONING & BUILDING REGULATIONS

REQUEST FORM FOR ZONING VARIANCE

Owners Name _____ Phone No. _____

Owners Address _____

Address where Variance is to be Granted _____

GIVE A BRIEF DESCRIPTION OF WHY THIS VARIANCE IS BEING REQUESTED.

Zoning Appeals shall be heard by the Zoning Board of Appeals within 30 days of filing this form with the Zoning Inspector. The Zoning Inspector shall set a reasonable time for a hearing with the Zoning Board of Appeals and give all parties of interest at least three (3) days' notice.

A \$25.00 non-refundable fee must accompany this application.

Date _____ Owners Signature _____

OFFICIAL USE ONLY

The reason for the refusal of this application was upon section; _____

Note:

Date _____ Zoning Inspector _____