

# WESTFIELD TOWNSHIP ZONING

## APPLICATION FOR SIGNAGE VARIANCE

**INCOMPLETE APPLICATIONS AND APPLICATIONS WITHOUT FULL PAYMENT WILL NOT BE ACCEPTED AND MAY RESULT IN A DELAY IN THE PROCESSING OF THE APPLICATION.**

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Business \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address of Property Requesting the Variance \_\_\_\_\_

Permanent Parcel Number \_\_\_\_\_ Township Zoning District \_\_\_\_\_

Tax Map Address Slip

Property Size in Acres \_\_\_\_\_ Aerial Photo of Property

Drawing of Property showing dimensions

Please attach Name & Address of Property Owners Adjacent to and Across the Street from Variance Location. The above requirements are available from Medina County Tax Map Office or online at [www.highwayengineer.co.medina.oh.us](http://www.highwayengineer.co.medina.oh.us). Please note it is the responsibility of the applicant to supply correct/current tax mailing addresses for all contiguous property owners

Existing Use \_\_\_\_\_

Description of Signage Variance including Section No. of the Zoning Resolution

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### Supporting Information (as applicable)

Provide plans showing location of existing buildings, parking and loading areas, traffic access and circulation drives, and any other accessory structures on this property. Then show location, area, height, setbacks, yard, or other dimensional requirements of the district and any other information to assist this application.

**NOTE: Nine (9) copies of the application and supporting information are required.**

Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Applicant has been given a copy of the Duncan Factors and Rules of Procedure of the Board of Zoning Appeals.**

**Signage Variance  
Official Use Only**

- 1. Date Filed \_\_\_\_\_
- 2. Application Fee Paid \$ \_\_\_\_\_
- 3. Fee Receipt Number \_\_\_\_\_
- 4. Date of Notice to Parties in Interest \_\_\_\_\_
- 5. Date of Notice in Newspaper \_\_\_\_\_
- 6. Date of Public Hearing \_\_\_\_\_
- 7. Board Recommendations or Modifications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8. Date of Board Decision \_\_\_\_\_
- 9. Decision of Board \_\_\_\_\_
- 10. If Denied, Reason for Denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 11. Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_
  
- 12. Board Chairman Signature \_\_\_\_\_ Date \_\_\_\_\_