



**Circle one after copies are made
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APPLICATION FOR VARIANCE

Application Fee: \$175.00 plus expenses

(Attach a check or money order, made out to the Village of Hebron)

Please fill out the following completely:

Name of Owner of Property Requesting Variance: _____

Mailing Address of Above Named: _____

Property Owner Phone Number: _____ Email: _____

Physical Address of the Property Requesting Variance: _____

Agent Applicant (if applicable) _____

Agent Mailing Address (if applicable) _____

Agent Phone or Cell Phone Number _____

Variance Information:

What is the Reason for this Variance: _____

Actual Variance Request (example: 10 feet South side-yard setback & 15 feet North side-yard setback, etc.)

What is the Current Use of this Property: _____

(Continued on Next Page)

Please Include ALL of the Following Attachments:

- **Attachment A:** Provide a plat map of affected property with existing structures and the Proposed changes.
- **Attachment B:** Provide a plat map of the affected property and all other parcels within 200 Feet.
- **Attachment C:** Provide a drawing of proposed building, etc., showing dimensions of Requested variance in relation to property lines and any existing Structures.
- **Attachment D:** Provide a typed list, preferably mailing labels, of all names and addresses of property owners contiguous to and directly across the street/road within 200 feet of the affected property. These addresses should be the mailing address of those property owners as shown on the property tax list at the Licking County Recorder's Office in Newark, Ohio.
- **Attachment E:** Provide a typed statement of what the reason for this variance is and what the effects on adjoining property will be. Effects to be discussed are to include, but not limited to; noise, glare, odor, light, drainage, fumes, traffic, vibration, and esthetics.
- **Attachment F:** Provide a copy of the deed of the affected property. The copy of the deed **MUST** be date stamped within the last 30 days of the date of this application by the Licking County Recorder's Office.

MAKE THREE (3) COPIES OF EACH OF THE ATTACHMENTS AND ATTACH TO 3 COPIES OF THIS APPLICATION.

Submit by mail to: Bonnie Miller, CDC, 934 W. Main St., Hebron, OH 43025 or by email to: bonnie.miller@hebronsvillage.org

Once the application has been accepted as complete, by the Community Development Coordinator, a public hearing for the variance will be set. One week prior to this scheduled hearing your property lines and pins MUST be marked along with proposed building footprint. If your property is not already clearly marked with your address number, please be sure that it is marked at this time.

Applicant Signature _____ Date _____

For Administrative Use Only

Date Application Received _____ Amount & Check # _____

Date Application Accepted as Complete _____ Public Hearing Date _____

Village of Hebron
934 W. Main St.
Hebron OH 43025
www.hebronsvillage.org