



Village of McComb

210 East Main Street ~ P.O. Box 340 ~ McComb, Ohio 45858-0340
Phone 419-293-3521 ~ Fax 419-293-2436

Village Mayor
Robert Schwab

Village Administrator
Kevin Siferd

Application No. _____

APPLICATION FOR VARIANCE BOARD OF ZONING APPEALS

Name of Applicant: _____

Mailing Address: _____

Home Phone: _____ Business/Cell Phone: _____

Property Address for Variance (if different from above): _____

1. Location Description:

Subdivision Name: _____ Lot No. _____
(If not in a recorded subdivision, attach a legal description)

Nature of Variance: _____

2. Section(s) of Zoning Ordinance in question:

3. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true:

- a) Special conditions exist peculiar to the land or building in question
- b) That a literal interpretation of the Ordinance would deprive the Applicant of the rights enjoyed by other property owners
- c) That the special conditions do not result from previous actions of the Applicant

4. **In addition, plans drawn to reasonable scale must accompany this Application, showing the shape of the parcel, the size and location of existing structures, the locations and dimensions of proposed building(s) and/or alterations and all dimensions from proposed additions in relation to all lot lines and main structure.**

5. **A list of names and addresses for all property owners abutting, adjacent to or across from subject parcel must be included with this application.**

ALL REQUIRED AND NECESSARY INFORMATION MUST BE INCLUDED BEFORE SUBMISSION OF APPLICATION.

I certify that the information contained in this Application and its attachments is true and correct to the best of my knowledge.

Applicant Date

Variance Fee: \$25.00 Check #: _____ Cash: _____

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