



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110

Development Department
Phone (614) 837-7501 Fax (614) 837-0145

ADMINISTRATIVE VARIANCE APPLICATION

rev. 6/21/2010

PROPERTY OWNER

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Address of Subject Property _____

Current Zoning _____ Variance Request to Section _____

Attach a sketch plan of the property showing accurate dimensions of all existing and proposed structures and their distances from property lines. Additional information to determine compliance with the zoning code may be required by the Planning and Zoning Administrator.

I certify that the information provided with this application is correct and accurate to the best of my ability.

Property Owner's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ___ / ___ / _____

Fee: \$ _____
Paid

Historic District: ___ Yes ___ No

Preservation Area: ___ Yes ___ No

Date of Action: ___ / ___ / _____

Application ___ No

Expiration Date: ___ / ___ / _____

Approved: ___ Yes

___ Yes, with conditions

Tracking Number: AV - _____