

Date: _____

Form 125-VAR

Office use only

Fee: _____

Paid: _____

Receipt No. _____

By: _____

Date: _____

APPLICATION FOR VARIANCE

from the Access Management Regulations of Erie County, Ohio.

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: _____ Fax: _____ Other: _____

Describe Location: _____

Access Management Regulations Section to be varied: _____

Nature of variance and justification for variance. On a separate sheet, attach a statement explaining why the variance from the access management regulations is requested. Provide information addressing the following items:

1. What unique conditions or circumstances require the variance;
2. Why the strict interpretation of the regulations would result in unnecessary hardship for the applicant;
3. That the unique conditions or circumstances do not result from the previous actions of the applicant.

Attach any other drawings, plans, studies, statements, or other documents that justify, clarify, or provide further explanation of the request.

Certification. I, the undersigned, certify that the information contained in this application and attachments is, to the best of my knowledge, true and correct.

Sign name: _____ Date: _____

Print name: _____

For office use only:

Board of Appeals hearing date: _____

Action: _____
