



The Village of Doylestown

Zoning Department

24 South Portage Street
Doylestown OH 44230



A VILLAGE WITH VALUES

A TOWN OF TRADITIONS

APPLICATION FOR VARIANCE

Application Number: _____ Date Received: _____

Applicant's Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Location of Property _____

Permanent Parcel Numbers: _____

Present Zoning: _____

Variance Requested: _____

Justification for Variance: _____

NOTE: This application must be accompanied by seven (7) copies of a site plan drawing showing the dimensions and boundaries of the property, the size and location of all existing and proposed buildings, the distances between buildings, the distances from buildings to lot line, and any natural or topographic features which are the basis for the request; and a non-refundable check in the amount of \$500.00.

The undersigned hereby certifies that all of the information contained in this application and the accompanying drawing are true and correct.

Date: _____ Signature: _____

Phone: 330-658-2181

Web Address: www.doylestown.com

FAX: 330-658-3838