
Harrisville Township Zoning Application

Type of Appeal:

For Township Use

Case Number: _____

Date Received ____/____/____

Amount Paid \$_____

Scheduled date and time of hearing before the:

Planning Commission ____/____/____

Zoning Board of Appeals ____/____/____

To be brought before the:

Zoning Board of Appeals

Variance

Request a variance from a certain requirement of the Zoning Ordinance.

Have the ZBA determine the zoning district of a parcel(s).

To appeal an action or decision of a township official in regards to zoning.

To have the ZBA interpret a section of the zoning ordinance.

List the sections(s) from the Harrisville Township Zoning Ordinance which apply.

Planning Commission

Rezoning

Planned Unit Development

Other Development

Site Plan Review

Special Land Use

PETITIONER INFORMATION (if different than owner):

Petitioner's name: _____

Petitioner's address: _____

Telephone Number: _____

Work Telephone: _____

OWNER INFORMATION:

Owner's name: _____

Owner's address: _____

Telephone Number _____

Work Telephone _____

PROPERTY INFORMATION:

Address or location (if vacant, five distance from intersecting roadways):

Permanent parcel number: _____

Zoned District:

EC SP FR A R-1

R-2 C-1 C-2 I

Property size (attach hand drawn sketch or surveyor's drawing- indicate NORTH with arrow):

over>

Describe proposed use/request: if more room needed use separate sheet

(Initial) _____ I hereby attest that the information I have provided in this petition is, to the best of my knowledge, true and accurate.

(Initial) _____ I hereby agree to pay all costs or expenses incurred by the Township resulting from processing of this matter if for any reason I withdraw this petition.

(Initial) _____ I acknowledge that all information requested on this petition is required to be complete. Further, that incomplete information may result in the delay of processing this matter.

(Initial) _____ I hereby grant permission for members of the Harrisville Township Planning Commission, or the Zoning Board of Appeals and/or the Township Board to enter upon the above described property for the purposes of gathering information related to this petition. *Granting this permission of entry is optional and will in no way affect any decision toward your petition.*

_____	_____
Signature of Petitioner	Date

This permit expires one (1) year from date of issue unless construction/operation has begun.

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
_____	Date ____/____/____
Chair	
<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Zoning Board of Appeals
NOTICE TO THE ZONING ADMINISTRATOR: <ul style="list-style-type: none">● This form is to be in the hands of the Secretary of the Zoning Board of Appeals within three business days following the scheduling of the meeting by the Chair.● Any and all information pertaining to this appeal, or the property under review, is required to be submitted with this document.● All notices published in the local paper(s) shall be included and dated with the date they were published.● A list of all concerned property owners to whom have been sent notices shall like-wise be submitted. The date such notices were mailed shall be included.● Verify time and date with township Custodian.	