



**2 East Sandusky Street  
Fredericktown, Ohio 43019  
740-694-9010 | Fax 740-694-9032  
fredericktownohio.net**

**VARIANCE APPLICATION**  
Village of Fredericktown, Knox County, Ohio

Name \_\_\_\_\_ Application No. \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Legal Description of Property: Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_

Description of Nature of Variance Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Plans drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimension of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.*

Attach a narrative statement demonstrating that the requested variance conforms to the following standards:

- a. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district.
- b. That a literal interpretation of the provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the items of this Ordinance.
- c. That special conditions and circumstances do not result from the actions of the applicant.
- d. That the requested variance is the minimum variance that will allow a reasonable use of the land or building.

I certify that all information contained in this application and its supplements is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

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(For Official Use)

Date Application Filed \_\_\_\_\_ Fee Paid \_\_\_\_\_

Date of Notices: Newspaper: \_\_\_\_\_ Adjacent Property Owners: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Conditions Imposed by the Board: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If Denied, reason/reasons for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Action: \_\_\_\_\_

ATTEST:

BOARD OF ZONING APPEALS

\_\_\_\_\_  
Secretary

By: \_\_\_\_\_  
Zoning Inspector