



**APPEAL FOR VARIATION OF ZONING REQUIRMENTS
CITY OF COSHOCTON BOARD OF ZONING APPEALS**

Request Number _____ Date Request Filed _____

Zoning District _____ Parcel Number _____

The property under consideration is located at _____

I am requesting permission to _____

*** You may be required to provide supporting documentation such as architectural plans, engineer drawings and/or a legal description of the property.**

Application fee is \$75.00 due at the time of submittal. You will be invoiced for the legal ad and postage. These fees must be paid before the date of the hearing.

Owner/Representative Signature _____

Owner _____ Lessee _____ Holder of Option _____

Address _____ Phone _____

Date Appeal Filed _____ Date of Hearing _____

Zoning District _____ Date of Legal Ad _____

Application Fee Received _____ Date _____

Legal Ad/Postage Fee Received _____ Date _____

BZA Clerk

Board of Zoning Appeals

Member Signature

Vote

Variance Granted _____

Variance Denied _____

Reason for denial (to be completed by Board President)

Safety Service Director

Clerk

Upon approval this application becomes the formal Zoning Variance