



CITY OF SIDNEY  
www.sidneyoh.com

APPLICATION FOR VARIANCE

I. Applicant Information

Property Owner \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Agent or Attorney \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

II. Property For Which Variance Is Requested Information

County Parcel ID No(s). \_\_\_\_\_ Lot No. \_\_\_\_\_

Subdivision (if applicable) \_\_\_\_\_

Street No. (if applicable) \_\_\_\_\_ Street \_\_\_\_\_

Zoning District \_\_\_\_\_ Existing Use of Property \_\_\_\_\_

Description of Variance Requested \_\_\_\_\_

Applicable Section(s) of Zoning Code \_\_\_\_\_

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

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

\_\_\_\_\_  
Date

<i>For Office Use Only</i>		
APPLICATION NO. _____	DATE FILED _____	FEES PAID \$ _____
HEARING DATES: _____		