



# Village of Bremen, Ohio

9090 Marietta Road  
P.O. Box 127  
Bremen, Ohio 43107

Phone: 740-569-4788 Fax: 740-569-7085

Application No. \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

Legal description of property as recorded in Fairfield County Recorder's office.

A map or Drawing to approximate scale, showing the dimension of the lot & any existing or proposed building. The names and addresses of all property owners within two hundred (200) feet contiguous to, and directly across the street from the property, as appearing on the Fairfield County Auditor's current tax list. **Applicant** shall acquire signatures from above said property owner and date, time, and reason for absence of signature.

Each applicant for a Variance or Appeal shall refer to the specific provisions of this Ordinance which apply.

A narrative statement explaining the following: 1 The use for which a Variance or Appeal is sought.

2 Details of the variance or appeal that is applied for and the grounds on which it is claimed that the variance or appeal should be granted, as the case may be. 3 The specific reason why the variance or appeal is justified, according to the Section 6.02 A-E

The undersigned request the Board of Zoning Commission to grant a variance or Appeal a decision of the Zoning Inspector Permit No. \_\_\_\_\_ Denied on \_\_\_\_\_

Reason for Appeal \_\_\_\_\_

Reason for Variance: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Fee: \$375.00 Non-Refundable

Date Filed \_\_\_\_\_

Date of Notice to Parties in Interest: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

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

Fees Paid : \_\_\_\_\_ Check or Money Order No. \_\_\_\_\_

DECISION OF BOARD OF COMMISSION: Approved \_\_\_\_\_ Denied \_\_\_\_\_

If Approved the following condition and safeguards were prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If Denied, Reason for Denial \_\_\_\_\_

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

DATE : \_\_\_\_\_ CHAIRMAN \_\_\_\_\_

Board of Commission