

STARK COUNTY SUBDIVISION REGULATIONS

VARIANCE APPLICATION

STARK COUNTY REGIONAL PLANNING COMMISSION

201 3rd Street NE, Suite 201 Canton Ohio 44702-1211

Telephone: 330-451-7389 Fax: 330-451-7990

This application shall be completed by the applicant. Ten copies of the application shall be submitted by the 17th of the month to be placed on the next regularly scheduled Planning Commission meeting. A separate application is required for each variance requested. **Please note approval of the variance request does not grant approval for the proposed project/layout, it simply allows a modification of the strict terms of the relevant section of the Stark County Subdivision Regulations. All proposals must still go through the appropriate process for approval through the SCRPC.**

Date Submitted: _____ **Application Number:** _____

Fee Paid: _____ **Receipt Number:** _____

Applicant Name: _____

Address: _____

Street

City

State

Zip Code

Telephone

Property Owner: _____

Address: _____

Street

City

State

Zip Code

Telephone

Description of Property:

Township _____ **Quarter Section:** _____

Acreage _____ **Parcel Number:** _____

Proposed Acreage(s): _____ **Street Frontage:** _____

Nature of Subdivision Regulation variance required (Describe the general nature of the variance):

Provide the Specific Subdivision Regulation(s) from which a variance is requested:

Article

Section

**Map of Survey or a scaled or dimensioned Sketch Plan and
the appropriate Filing Fee must be provided with this application.**

JUSTIFICATION OF VARIANCE:

Written justification for the requested variance shall be provided by the applicant. Respond to the following questions:

1. Explain how the proposed variance will not be detrimental to the public health and safety, including access by fire fighting apparatus, law enforcement and emergency vehicles, and similar services relative to the ingress and egress of the affected site, as well as adjacent properties (Section 750.3.B):

2. Are there any unusual topographical or other exceptional physical conditions that exist? If yes, explain (Section 750.3.B):

3. Explain how strict compliance would create an extraordinary hardship in the face of the exceptional conditions outlined above (Section 750.3.B):

4. Explain how this variance is the minimum needed to remove the above-mentioned extraordinary hardship (Section 750.3.B):

5. Explain how the variance from the Subdivision Regulations will not be detrimental to the public interest, nor in conflict with the intent and purposes of those regulations (Section 750.3.B):

6. Explain what “innovative development” will be constructed (if any) if the variance is granted (Section 750.3.B):

7. Are there any other reasons for the requested variance? If so, what are the other reasons? (Section 750.3):

**Please note that a financial hardship alone does not constitute grounds for granting a variance.*

8. In the area below, list all contiguous property owners and their addresses. (Please Print) (Section 750.3.D)

Property Owner Name	Address

Property Owner Name	Address

I certify by my signature below that the information provided on this form and any supplemental data submitted is true and accurate.

Signature of Applicant

Applicant's Printed Name

Required Data Received: _____ **By:** _____

Planning Commission Meeting Date: _____

Staff Recommendation ☐ Approval ☐ Approval with Conditions ☐ Denial

Staff Comments: _____

Subcommittee Recommendation ☐ Approval ☐ Approval with Conditions ☐ Denial

Subcommittee Comments: _____

ACTION BY RPC: ☐ Approved ☐ Approved with Conditions ☐ Denied

Reason for Denial/Conditions of Approval/Comments: _____