



CITY OF SIDNEY
www.sidneyoh.com

APPLICATION FOR VARIANCE

I. Applicant Information *

Applicant Name _____

Mailing Address _____ City/State/ZIP _____

Contact Person _____ Phone # _____ E-mail _____

Applicant is: Architect/Engineer General Contractor Business Owner Property Owner Other _____

* The applicant is the person to whom all City communication will be directed concerning this request.

Name of Property Owner _____ Phone #. _____
(if not applicant)

Mailing Address _____ City/State/ZIP _____

II. Property Information (location of variance request)

County Parcel ID No(s). _____ Lot No(s). _____

Subdivision (if applicable) _____

Street No. (if applicable) _____ Street _____

Zoning District _____ Use of Property _____

Description of Variance Request (additional sheets may be used) _____

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

For Office Use Only

CASE # _____ DATE FILED _____ FEES PAID \$ _____

HEARING DATE: _____ APP # _____ RCPT # _____