

APPENDIX D

**APPLICATION FOR VARIANCE
CITY OF ORRVILLE, OHIO - SUBDIVISION REGULATIONS**

(Five copies shall be submitted to the Safety-Service Director's office)

NAME OF SUBDIVISION _____
LOCATION _____
NAME OF SUBDIVIDER _____
ADDRESS OF SUBDIVIDER _____
PHONE NO. OF SUBDIVIDER _____

- 1) Application is hereby made for a variance from Section no. _____ of the Subdivision Regulations.
- 2) Explain in detail the reasons for and facts supporting the variance request. Applicants must demonstrate compliance with Section 1162 of the Subdivision Regulations. (Attach additional sheets if necessary.)

Date

Subdivider or Agent

Planning Commission Action:

_____ Approval

_____ Disapproval

_____ Approve Conditionally

Comments:

Chairman, Planning Commission

Secretary, Planning Commission

Date

Date