



**VARIANCE REQUEST FORM
TO BE FILED WITH THE KETTERING CLERK OF COUNCIL**

Applicant's Name _____ **Applicant's Phone #** _____

Applicant's Address: _____, _____, _____
Street City/State Zip Code

e-mail (if used): _____

Subject Property/Address(es): _____

Applicant's Appeal is based on a Zoning Refusal dated: _____

A copy of the City of Kettering Zoning Refusal for which a variance OR variances are being requested must be attached to this appeal form.

To create your written appeal, please identify the Zoning Code Section Number(s) for all the variances that are being requested and what each Variance would permit. If more space is needed to identify all requested variances than the lines provided on this form please attach additional copies of this form as an addendum.

Variance on Zoning Code Section: _____ **to Permit:** _____

Variance on Zoning Code Section: _____ **to Permit:** _____

Variance on Zoning Code Section: _____ **to Permit:** _____

Variance on Zoning Code Section: _____ **to Permit:** _____

Variance on Zoning Code Section: _____ **to Permit:** _____

Printed Name of Applicant Signature of Applicant Date

State of Ohio, County of Montgomery: SS:
Sworn to me and subscribed in my presence by the said: _____
(applicant or property owner)

On the _____ day of _____ Notary Public