

Application# _____

Form Z-3

VILLAGE OF WEST ALEXANDRIA ZONING OFFICE

16 North Main Street • West Alexandria, OH 45381

APPLICATION FOR VARIANCE

Applicant Name & Address: _____

Phone# (HM) _____ Phone# (WK) _____

Lot Number: _____
Legal Description of property (*Attachment*)

Variance Request : _____

Reasons for Request (*Request should conform to standards set forth in section 303.05 of the West Alexandria Zoning Ordinance*)

Application Request: (Planning Commission) Date Received: _____

___ Approved ___ Disapproved

Comments: _____

Date Issued: _____