Claridon Township

2272 Caledonia-Climax Rd
Caledonia, Ohio 43314

Claridon Township Zoning Appeals Application

Applicants Name: _____

Mailing Address: _____

Phone: _____Email: _____

1) Property Location/Address: _____
   Lot Number(s): _____ Lot Width: _____ Lot Depth: _____ Lot Area: _____
2) Zoning Districts: ( ) AG/Residential ( ) MH ( ) O-I ( ) Recreation ( ) Commercial ( ) Industrial

3) Type of Application (Describe) Attach additional page(s) if necessary (see zoning code)
   ( ) Conditional Use Permit ( ) Variance Request

Applicant's Comment:

_____
_____
_____
_____

4) Attach a drawing noting the property size, location and size of existing and/or proposed structures or improvements.

5) List names and address of adjacent property owners: these must be the property owners and not renter: contact the Marion County Auditor's Office for this information. Attach to this application.

6) Applicant's Signature: _____

For Township use

Fee $400.00 Date Paid_____Check_____Cash_____

Adjacent Property Owners Notified (10 days prior to meeting) Date_____

Legal Notice Published (10 days prior to meeting) Date_____

Decision of the Board of Appeals _____

Please make checks payable to:
Claridon Township

Return Application:
Shelly Posey
2272 Caledonia Climax Road
Caledonia, Ohio 43314