



**COPLEY TOWNSHIP**  
*Board of Zoning Appeals*

**EXTENSION OF A NON-CONFORMING USE**  
**\$500 NON-REFUNDABLE FEE DUE UPON SUBMITTAL**

Address/Parcel of Seeking Extension(s): \_\_\_\_\_

Landowner: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Email of Applicant: \_\_\_\_\_

Telephone of Applicant: \_\_\_\_\_

Present Zoning of the Property: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Section of Code Seeking Variance(s): \_\_\_\_\_

- If Applicable, include Summit County Health Approval for the Onsite Septic
- Attach Drawing and/or Site Plan Showing Proposed Project(s)

Nature of the Extension of a Non-Conforming Use:

\_\_\_\_\_  
\_\_\_\_\_

How Would the Granting of an Extension Affect the Immediate Neighborhood and Community?

\_\_\_\_\_  
\_\_\_\_\_

List All Contiguous and Adjacent Property Owners (names, address, city and zip code):

_____	_____
_____	_____
_____	_____

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*\*\*\*TOWNSHIP USE ONLY\*\*\*\*\***

Township Official Receiving Application: \_\_\_\_\_

Date Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_