

# CLARK COUNTY COMMUNITY DEVELOPMENT

3130 E. Main Street, Suite 1A; Springfield, OH 45505  
Phone: 937-521-2160 Fax: 937-328-2621 [www.clarkcountyohio.gov/community development](http://www.clarkcountyohio.gov/community%20development)

## VARIANCE APPLICATION

Townships: Bethel, Green, Harmony, Madison, Mad River and Moorefield (unincorporated areas only)

SITE ADDRESS \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_

OWNER'S E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_ / \_\_\_\_ / \_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S MAILING ADDRESS \_\_\_\_\_

APPLICANT'S E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Give a brief description of the existing use of the property:

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Specify the nature of requested variance, and specific section of the Zoning Regulation sought to be varied from.

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Explain the special circumstances, practical difficulties or unnecessary hardship which justify this requested variance.

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Explain how granting this requested variance affect the immediate neighborhood and community in general.

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Provide a scaled site plan showing the following:

- a. Lot lines and all existing and proposed structures on the subject property.
- b. Existing and proposed access points.
- c. All existing and proposed easements and rights-of-way.
- d. Bodies of water, existing drainage ways and locations (if proposed to relocate).
- e. Relationship to adjoining properties.
- f. Locations of existing and proposed utilities.
- g. Location of existing and proposed sidewalks, parking areas, and driveways.
- h. Proposed treatment of existing topography, drainage ways and tree cover, as applicable.
- i. Proposed landscaping and lighting plans, as applicable.

On a separate page, provide a list of all current property owners and their tax mailing addresses within 200 feet of the site address given above.

## APPLICANT'S AFFIDAVIT

STATE OF OHIO}  
 COUNTY OF CLARK} SS.

I/We, \_\_\_\_\_

being duly sworn depose and say that the foregoing statements in this application and information included in the attachments and exhibits, are true and correct to the best of my/our knowledge and belief. And I/We certify that no legal action has been entered into or is pending that would be affected by any change resulting from approval of this request. And (if the Applicant is not the Property Owner), I/We depose and say that the Property Owner is aware of this application and concurs with its submission.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal, at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary

**FEE:** A filing fee of \$150, which is non-refundable, must be paid before a Variance Application can be accepted. If the fee is not paid, the application is void. Make checks payable to "Clark County Community Development".

**REMINDER:** A variance application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

FOR OFFICE USE ONLY

10/2010

Date Application Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Application Complete: Yes \_\_\_\_ No \_\_\_\_

Scheduled Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Case No.: BZA - \_\_\_\_ - \_\_\_\_