

Application for Variance

Submittal Requirements:

- Legal description of property as recorded in Pickaway County Recorder's office (740-474-5826 Pickaway County Recorder);
- A plot plan, drawn to an approximate scale, showing the boundaries and dimensions of the lot and any existing or proposed buildings;
- The names and addresses of all property owners within 200 feet, contiguous to and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list (740-474-4765 or www.pickaway.iviewauditor.com);
- Authorization for Owner's Representative (must be completed and notarized if applicant is not the property owner);
- Application filing fee, checks made payable to Scioto Township (See adopted fee schedule); and
- Ten (10) copies of all submitted materials in addition to the original.

Owner / Applicant Information

Property Owner(s): _____ Address: _____

Phone: _____

Email: _____

Applicant: _____ Address: _____

Phone: _____

Email: _____

Subject Property Information

Address: _____ Parcel I.D.: _____

Zoning District: _____ Subdivision: _____

Variance Request

Please list the applicable Scioto Township Zoning Resolution Articles and Sections from which you are requesting a variance.

Article(s): _____ Section(s): _____

Article(s): _____ Section(s): _____

Article(s): _____ Section(s): _____

The nature and description of the variance sought: _____

Details of the variance that is applied for and the grounds on which it is claimed that the variance should be granted:

Attach a statement explaining the specific reasons why the variance is justified, if required (See Scioto Township Zoning Resolution, Section 8.04.01-.02 and attach written response to application).

Practical Difficulties

The Board of Zoning Appeals shall consider all relevant factors in determining whether the applicant has encountered practical difficulties in the use of such property. Respond to each of the following criteria as it pertains to the variance request.

- A. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance: _____

- B. Whether the variance is substantial: _____

- C. Whether the essential character of the neighborhood would be substantially altered, or whether adjoining properties would suffer a substantial detriment as a result of the variance: _____

- D. Whether the variance would adversely affect the delivery of governmental services (i.e. water, sewage, garbage): _____

- E. Whether the property owner purchased the property with knowledge of the zoning restriction: _____

- F. Whether the property owner's predicament feasibly can be obviated through some method other than a variance: _____

- G. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance: _____

By signing this application below, I hereby certify that all information contained herein is true and accurate and that I have submitted all required information. I also understand that a site visit may be necessary and grant permission to do so.

Applicant/Owner's Signature _____ Date _____

Decisions of the BZA

As stated in the Scioto Township Zoning Resolution, a concurring vote of three (3) members of the Board is necessary to approve an application for a variance. The failure to obtain at least three (3) concurring votes approving the application will constitute a decision for disapproval of the application.

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S): This section must be completed and notarized if the applicant is not the property owner.

I _____, the owner, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20____
State of _____
County of _____ Notary Public _____

To be completed by the Scioto Township staff

Date Application Received: _____ Accepted & Received By: _____
Application Fee: _____ Fee Accepted By: _____
Total Number of Pages Submitted: _____
Date of Notice in Newspaper of General Circulation: _____
Date of Notice to Parties in Interest: _____
BZA Hearing Date: _____ Recommendation: Approved Denied

Attest: _____ Board of Zoning Appeals: _____
Secretary Chairman