



**THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING**
7700 Perry Street
Mt. Healthy, Ohio 45231
513.728.3182
www.mthealthy.org

VARIANCE APPLICATION

Application Number: _____	Date: _____
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Project
Address: _____

Property Owner: _____

Applicant: _____

Applicant Address: _____

Applicant Contact Information: PH _____ FAX _____ EMAIL _____

EXISTING USE: _____ CURRENT ZONING _____

PLEASE INCLUDE THE FOLLOWING INFORMATION WITH APPLICATION

1. Nature of Variance: Describe generally the nature of the variance _____

2. Plans drawn to scale must accompany this application showing dimensions and shape of the lot, size, and locations of existing buildings, the locations and dimensions of proposed buildings or alternations, and any natural or topographic peculiarities of the lot in question.

3. Justification of Variance: In order for a variance to be granted, the applicant must prove to Board of Zoning Appeals that the following items are true: (Please attach these comments on a separate sheet).

- A That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district.
- B That a literal interpretation of the provisions of this Ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this ordinance.
- C That special conditions and circumstances do not result from the actions of the applicant.
- D That nothing herein contained shall be construed as authorizing the Board of Zoning Appeals to effect changes to the Zoning Map or to add to the permitted or conditional uses in any Zoning District.
- E That granting the variance requested will not confer on the applicant any special privilege that is denied by this Ordinance to other lands, structures, or buildings in the same district.
- F That the variance is not for a use which is not allowed in the district in which the property is located.

4. Two (2) copies of application and all information or documentation submitted.

5. List of all property owners and addresses contiguous to or directly across from property.

6. An application fee of (\$300 Res, \$450 Comm) paid at the time of application.

I certify that the information contained in this application and its supplements are true and correct.

Applicant's Signature:

Name _____ Date _____

Application Fee \$300 Res \$450 Comm _____ [] PAID [] CASH [] CHECK # _____



*** BELOW FOR DEPARTMENT USE ONLY ***

Date Filed: _____

Date of Public Hearing: _____

Date of Notice to Newspaper: _____

Date of Notice to Parties in Interest: _____

Decision Of Board of Zoning Appeals: Approved Denied Date: _____

Special Notes/Provisions: _____

Reason for Denial: _____

Board of Zoning Appeals, Chairperson

