

German Township Board of Zoning Appeals

12102 State Route 725 West
Germantown, Ohio 45327
Phone and Fax: (937) 855-7882
Email: GTWPZoning@woh.rr.com

APPLICATION FOR VARIANCE

Case # _____

Application filed on _____

Fee paid _____

PLEASE NOTE: ZONING FEES ARE NON-REFUNDABLE

FEE \$300.00 FOR 1ST VARIANCE + \$50.00 FOR EACH ADDITIONAL IN SAME CASE

APPLICANT: _____ CONTACT NUMBER: _____

ADDRESS: _____

OWNER: _____

SUBJECT PROPERTY: _____

I/We hereby request a Variance according to the following:

A. **Description of Property and Nature of Variance**

1. The nature of the variance, including the specific provisions of the Zoning Resolution from which the variance is requested:

2. A description sufficient to identify the property including a reference of the volume and page of the last recorded deed (include one copy of the recorded deed).

3. A statement of the special circumstances or conditions applying to the land or structure and not applying generally throughout the Zoning District.

4. A statement showing that the special conditions and circumstances do not result from the actions of the applicant.

5. A statement showing that the granting of the variance is necessary to the preservation and enjoyment of substantial property rights.

6. Such other information regarding the appeal as may be pertinent.

B. **Plot Plan**

The application shall be accompanied by six (6) copies of a plot plan drawn to an appropriate scale showing the following:

1. The boundaries and dimensions of the lot.
2. The size and location of existing and proposed structures.
3. The proposed use of all parts of the lot and structures, including access ways, walks, off street parking and loading spaces, and landscaping.
4. The relationship of the requested variance to the standards set by the Zoning Resolution.
5. The use of land and location of structures on adjacent property.

C. **Surrounding Property Owners**

The application shall be accompanied by a list of surrounding property owners within 300 feet of ENTIRE subject property. This list can be obtained at the Montgomery County Administration building at 451 West Third Street, Dayton, in the auditor's office on the third floor. The list must contain the names, addresses, and parcel ID numbers of each surrounding property owner.

AFFIDAVIT

**STATE OF OHIO
COUNTY OF MONTGOMERY**

I/We hereby certify that the foregoing statements herein contained and any information or attached exhibits herewith submitted are in all respects true and correct to the best of my/our knowledge and belief. I have read and acknowledge receipt of the Standards for Variances that the Board of Zoning Appeals must review in rendering a decision on this request.

(owner's printed name)

(owner's signature)

(owner's printed name)

(owner's signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public