

JACKSON TOWNSHIP ZONING DEPARTMENT

49 E. Walnut Street, Farmersville OH 45325

(937) 696-3010 Fax (937) 696-4402

Website: www.jtwpmc.com

APPLICATION FOR VARIANCE

PLEASE NOTE: ZONING FEES ARE NON-REFUNDABLE

FEES: \$500.00 for 1st VARIANCE, then \$150.00 for each additional Variance-Variance Extensions \$100.00

Payable to: JACKSON TOWNSHIP

FOR JTBZA USE ONLY:	CASE NO. _____	FEE RECEIPT NO. _____
_____ TEMP. _____ PERM.	DATE FILED _____	RECEIVED BY _____

Applicant name: _____

Address: _____

Being the owner(s) having an interest in land located at: _____

Hereby makes application for a temporary/permanent variance according to the following:

A. DESCRIPTION OF PROPERTY AND NATURE OF VARIANCE USE

- 1) The nature of the variance i.e., 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 1 copy of the recorded deed).

- 3) A statement of the special circumstances or conditions applying t 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 or required for appropriate action by the Board of Zoning Appeals.

B PLOT PLAN

The application shall be accompanied by six (6) copies of plot plan, drawn to an appropriate scale, clearly 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, 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.
- 6) The proposed and/or existing septic system including leach fields.

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 W. Third Street, Dayton, OH (The auditor's office-3rd floor)

AFFIDAVIT

Before completing this application and executing the following affidavit, it is recommended that this application be discussed with the Jackson Township Zoning Administrator who can be reached at (937) 696-3010.

APPICANTS AFFIDAVIT

**STATE OF OHIO
COUNTY OF MONTGOMERY**

I (WE) _____
Certify that the foregoing statements herein contained and attached, and information or attached exhibits herewith supported are in all respects true and correct to the best of my/our knowledge and belief.

(Signature)

(Signature)

(mailing address)

(phone)

Subscribed and sworn before me this _____ day of _____ 200__.

(Notary Public)

Person to contact for details, if other than above signatory:

(Name)

(Address)

(Phone)