



Community Development Department
4900 Parkway Drive-Suite 150
Mason Ohio 45040
Phone (513) 701-6959. Fax (513) 701-6996

CONDITIONAL USE APPLICATION

Please read then complete entire application. Incomplete applications may not be processed.

Applicant's Name	_____	Telephone	_____
Applicant's Address	_____	Fax	_____
	_____	Email	_____
Owner	_____	Telephone	_____
Owner's Address	_____	Fax	_____
	_____	Email	_____

LOCATION IS SOUGHT

Complete mailing address including zip code

Current Zoning	Parcel ID#	Acreage of Parcel
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Request variance to section(s) _____

Reason for request (why is a variance sought?) What hardship requires that the variance be granted?

PLEASE REVIEW THE FOLLOWING REQUIREMENTS. APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS PROVIDED (Staff has the discretion to waive any part of the required items)

- Included is a stamped surveyed drawing showing existing structures and the placement of the proposed variance which includes lot lines, setbacks, etc.
- A list of property owners names and tax mailing addresses within three (300) hundred feet of the proposed variance. Current zoning for each parcel should be included.
- A map showing the location of the properties that lie within the three hundred feet of the subject parcel, with each parcel containing a reference to that property owner.
- Graphics, pictures, and or elevations if applicable, have been included and represent the material to be presented in an accurate fashion.

- ❑ **The Board of Zoning Appeals shall not grant a variance unless it shall, in each specific case, make specific findings of fact based directly upon the particular evidence presented to it, that support the following conclusions. Please provide a statement addressing each of the following:**

CONDITIONAL USE REVIEW CRITERIA

- 1.** In reviewing conditional uses, the BZA shall consider the following:
 - a.** The use is a conditional use, permitted with approval by the BZA, in the district where the subject lot is located;
 - b.** The use is in accordance with the objectives of the Deerfield Township Comprehensive Plan and zoning resolution; and
 - c.** The conditional use will not substantially and/or permanently injure the appropriate use of neighboring properties and will serve the public convenience and welfare.
- 2.** In order to approve a conditional use, the BZA shall use the following review criteria:
 - a.** The use is in fact a conditional use as established within the applicable zoning district;
 - b.** The use will be harmonious with, and in accordance with, the purpose of this zoning resolution and consistent with the policies of the Deerfield Township Comprehensive Plan;
 - c.** The use will conform to the general character of the neighborhood in which it will be located;
 - d.** The use complies with all applicable provisions of this zoning resolution including any use-specific standards;
 - e.** The use be designed, constructed, operated and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity, and will not change the essential character of the same area;
 - f.** The use will not create excessive additional requirements, at public cost, for public facilities and services and will not be detrimental to the economic welfare of the community;
 - g.** That the proposed use at the particular location is necessary or desirable to provide a service or facility which will contribute to the general well being of the neighborhood or the community; and
 - h.** That such use will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.

Expiration

For conditional uses, the applicant shall have one year from the date of approval to receive an approved zoning permit or the conditional use shall be deemed null and void. Applicant may submit one request for an extension of six month to the BZA.

Applicants Name

Applicants Signature

Date

The minimum application fee is \$300 for Residential Districts and \$400 for all other Districts, to be applied to expenses. Deerfield reserves the right to require additional fees to cover unforeseen expenses.

This application shall be completed and ten (10) copies, including maps, shall be filed with the Township Planner for presentation to the Deerfield Township Board of Zoning Appeals. Fee must be paid upon submission for application to be processed.

For office use only

Date filed _____ **Fee** _____ **Receipt** _____ **Case #** _____

Yes **No** **Application criteria has been met**

Date legal advertisement appears _____ **Date on Docket** _____

Yes **No** **Continuance granted** **Date on Docket** _____

Approved **Denied**