



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

### VARIANCE 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 VARIANCE 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 BZA shall have the power to authorize upon appeal in specific cases, filed as hereinbefore provided, such variances from the provisions or requirements of this zoning resolution as will not be contrary to the public interest. Where an applicant seeks a variance, said applicant shall be required to supply evidence that demonstrates that the literal enforcement of this zoning resolution will result in practical difficulty for an area/dimensional variance or unnecessary hardship for a use variance. Applicant shall provide statement addressing the following factors:**

- a. Whether special conditions and circumstances exist which are peculiar to the land or structure involved and which are not applicable generally to other lands or structures in the same zoning district; examples of such special conditions or circumstances are: exceptional irregularity, narrowness, shallowness or steepness of the lot, or adjacency to nonconforming and inharmonious uses, structures or conditions;**
- b. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance;**
- c. Whether the variance is substantial and is the minimum necessary to make possible the reasonable use of the land or structures;**
- d. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer substantial detriment as a result of the variance;**
- e. Whether the variance would adversely affect the delivery of governmental services such as water, sewer, trash pickup;**
- f. Whether special conditions or circumstances exist as a result of actions of the owner;**
- g. Whether the property owner's predicament can feasibly be obviated through some method other than a variance;**
- h. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting a variance; and**
- i. Whether the granting of the variance requested will confer on the applicant any special privilege that is denied by this regulation to other lands, structures, or buildings in the same district.**

**No single factor listed above may control, and not all factors may be applicable in each case. Each case shall be determined on its own facts.**

**Expiration**

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

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**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**