



**Planning and Zoning Department
4900 Parkway Drive, Suite 150
Mason, Ohio 45040
Phone (513) 701-6958**

AREA/DIMENSIONAL VARIANCE APPLICATION

Please read then complete entire application. Incomplete applications may not be processed. If you are not the property owner(s), please include a signed letter from the property owner(s) authorizing you to make this application.

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 practical difficulty 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.**
- 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. 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.

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 eight (8) hard copies 11"x17", and an electronic PDF format, including maps, shall be filed with the Planning & Zoning Department 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**