



Planning and Zoning Department
4900 Parkway Drive-Suite 150
Mason Ohio 45040
Phone (513) 701-6958 Fax (513) 701-6996

USE 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 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:

A. VARIANCE REVIEW CRITERIA

- 1.** 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.

- 2.** Use Variance
 In order to grant a use variance, the BZA shall determine that strict compliance with the terms of this zoning resolution will result in unnecessary hardship to the applicant. The applicant must demonstrate such hardship by clear and convincing evidence that all of the following criteria are satisfied:
 - a.** The property cannot be put to any economically viable use under any of the permitted uses in the zoning district in which the property is located;
 - b.** The variance requested stems from a condition which is unique to the property at issue and not ordinarily found in the same zone or district;
 - c.** The variance requested cannot otherwise be resolved by a zoning map amendment;
 - d.** The hardship condition is not created by actions of the applicant;
 - e.** The granting of the variance will not adversely affect the rights of adjacent property owners or residents;
 - f.** The granting of the variance will not adversely affect the public health, safety or general welfare;
 - g.** The variance will be consistent with the general spirit and intent of this zoning resolution; and
 - h.** The variance sought is the minimum that will afford relief to the applicant.

Expiration

The applicant shall have one year from the date of approval to receive an 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 file, 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**