

**Jackson Township Board of Trustees
Application for Variance
Board of Zoning Appeals**

Note: This application must be accompanied by payment in the amount of \$_____ for the purpose of defraying the expense of publishing notices in the newspaper and the necessary clerical and stenographic services.

Name of Applicant _____

Mailing Address _____

Work Telephone _____ Home Telephone _____

Name of Owner _____

Mailing Address _____

Work Telephone _____ Home Telephone _____

Name of Attorney _____

Mailing Address _____

Address of Property _____

Acreage _____ Present Zoning _____

Present Use _____

Code Section Applicable to Application _____

Description of Variance Request _____

The following items are required as part of this application:

1. A current plat and legal description of the property signed by an Ohio Registered Surveyor.
2. A list of owners and their current mailing addresses of property within 200 feet and continuous to and directly across the street from such area proposed to be rezoned. Such lists to be in accordance with the Pickaway County Auditor's current tax list.
3. Ten copies of a lot plan drawn to scale showing:
 - a. Shape and dimensions of the lot or parcel with front, rear and side yard dimensions shown.

- b. Exact size, location and dimensions of existing or proposed structures or of proposed alteration, if any.
- c. Traffic access and parking.
- d. Nature of the special conditions or circumstances giving rise to the application for approval.
- e. Written evidence of compliance with EPA and Health Department sanitary sewer requirements.
- f. Proposed use of all parts of the lot or parcel and structures including access ways, walks, off-street parking and loading spaces and landscaping.
- g. Additional information as required by the Zoning Inspector.
- h. Relationship of the requested Variance and the Development Standards.
- i. The use of land and location of structures on adjacent property.

Date _____ Applicant _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FOR OFFICE USE ONLY

Date of Hearing _____ Date of Decision _____

Commission Decision _____

Vote: _____ aye _____ nay _____ abstain