

VARIANCE APPLICATION



Springfield Township
Clark County, OH
2777 Springfield-Xenia Rd.
Springfield, OH 45506
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* FOR OFFICE USE ONLY *

Application # BZA - _____ - _____

Meeting Date ____ / ____ / ____

Zoning Fee \$ _____

Fee Paid

8/3/2015

Site Address _____

Parcel Number _____

Property Owner's Name _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Owner's E-Mail Address _____ Phone Number ____ / ____ / _____

Give a brief description of the existing use of the property:

Specify nature of requested variance and specific section of the Zoning Regulation to be varied from.

Explain special circumstances, practical difficulties or unnecessary hardship justifying requested variance.

Explain how granting this variance may affect the immediate neighborhood and community in general.

Provide a site plan showing the following:

- a. Lot lines and all existing and proposed structures on the subject property.
- b. Existing and proposed access points.
- c. All existing and proposed easements and rights-of-way.
- d. Bodies of water, existing drainage ways and locations (if proposed to relocate).
- e. Relationship to adjoining properties.
- f. Locations of existing and proposed utilities.
- g. Location of existing and proposed sidewalks, parking areas, and driveways.
- h. Proposed treatment of existing topography, drainage ways and tree cover, as applicable.
- i. Proposed landscaping and lighting plans, as applicable.

FILING FEE: A fee of \$225, which is non-refundable, must be paid before this Variance Application can be accepted. Make checks payable to "Springfield Township". Said application will not be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (attachments/exhibits) have been submitted, and all fees have been paid in full.

APPLICANT'S CERTIFICATION

I/We, _____

being the owner(s) or lessee(s) of the aforesaid property, submit this Variance Application and affirm that the information provided is true and correct to the best of my/our knowledge. I/We understand that any incomplete, missing or inaccurate information may cause this Variance Application to be rejected and that I/We must furnish any such information upon request prior to the processing of this application.

SIGNATURE: _____ DATE: ____ / ____ / _____

NOTARY SEAL

In Testimony Whereof, I have hereunto set my hand and official seal.

Signature of Notary

DATE: ____ / ____ / _____

Date Commission Expires