



**APPLICATION FOR VARIANCE  
BOARD OF ZONING APPEALS  
Baltimore, Ohio**

Application No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Location(Property Description):** Subdivision Name \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot No. \_\_\_\_\_

(If not a platted subdivision, attach a legal description of the property)

On a separate sheet please provide information pertaining to items 1 through 8:

1. **Nature of Variance:** Describe nature of the variance, including reference to the development standard from which you seek deviation.
2. **Justification of Variance:** In order for a variance to be granted, the applicant must prove that the criteria listed in Section 1236.03 of the zoning code exists.
3. **List of Contiguous Property Owners:** A list of all owners (and mailing addresses) of property within, contiguous, or directly across the street or streets of the property. This list can be obtained from the Fairfield County Auditor's office.
4. **Plot Plan:** Eight (8) copies of a plot planning showing boundaries and dimensions of the property, and size and location of all proposed or existing structures.
5. **Special Conditions:** The nature of all special conditions or circumstances causing this variance request.
6. **Proposed Use:** The proposed use of all parts of the lot and structures.
7. **Adjacent Property:** The use and location of structures on adjacent property.
8. **Additional Information:** Any additional information as may be required by this zoning code and/or requested by the Board and/or Zoning Administrator.

I certify that the information contained in this application and its supplements is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_

**(For Official Use Only)**

Date Filed: \_\_\_\_\_ Date of Notice in Newspaper: \_\_\_\_\_  
Date of Notice to Parties of Interest: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_

**Decision of Board of Zoning Appeals:** **Approved** \_\_\_\_\_, **Denied** \_\_\_\_\_

**If Approved**, the following conditions were prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**If Denied**, reason(s) for denial:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Board of Zoning Appeals Chairperson

**Note:** One (1) copy to be filed with Zoning Administrator and two (2) with Board of Zoning Appeals