#### Darby Township, Union County Ohio

**Board of Zoning Appeals** 

Mailing Address:
Property Address:
Existing use:
Presently zoned as: Parcel#
Phone number:

## **Application for Variance**

### General description of variance desired:

#### **Documentation Requirements:**

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- 1. Plans must accompany this application and must include but not limited to:
  - a. Drawn to scale and must show dimensions:
    - i. Shape of the lot.
    - ii. Size and locations of present buildings.
    - iii. Locations and dimensions of proposed buildings, alterations, and any natural or topographic peculiarities of the lot in question.
- 2. <u>Justification of Variance</u>: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true (please attach these foment on a separate sheet):
  - a. Special conditions exist peculiar to the land or building in question.
  - b. That a literal interpretation of the resolution would deprive the applicant of rights enjoyed by other property owners.
  - c. That the special conditions do not result from a previous action of the applicant.
  - d. That the requested variance is the minimum variance that will allow a reasonable use of the land or buildings.
- 3. Reference sections of the Darby Township Zoning Resolution:
  - a. Sections 540 though 549 (Procedure and Requirements for Appeals and Variances.
  - b. Online access: <u>https://www.lucplanning.com</u>

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

Applicant's Signature:		Date:	
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\*\*Applicant or representative must attend hearing. Failure to attend will result in not action taken and fee forfeiture\*\*

*Form update 07/01/2021* 

Darby Township, Union County, Ohio

**Application Number:** 

# For Official Use Only

Date Filed:	
Date of public hearing:	
Date of newspaper notice:	
Date of notice to parties interested:	
Fee paid:	
Decision of Board of Zoning Appeals: Approved Denied	

If approved, the following conditions and safeguards were prescribed:

1)	
2)	
3)	
4)	

## If denied, reason for denial:

**Chairman- Board of Zoning Appeals Signature** 

Date

\*\*Applicant or representative must attend hearing. Failure to attend will result in not action taken and fee forfeiture\*\*

Form update 07/01/2021