



125 East Sixth Street, Marysville, OH 43040
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**BOARD OF ZONING APPEALS
REQUEST FOR VARIANCE**

Applicant: _____ Owner Lessee Agent

Applicant's address: _____

Applicant's Telephone Number: _____ Fax Number: _____

Applicant's E-mail: _____

Owner of Property: _____

Owner's Address: _____

Owner's Telephone Number: _____ Fax Number: _____

Address or legal description of property for variance: _____

Zoning District of Property: _____

A site plan showing adjoining properties is attached: Yes No

(if a survey is not readily available, the City will accept the lot or parcel information as provided by the County Auditor)

Names and addresses of property owners contiguous to or directly across the street from the property:

_____	_____
_____	_____
_____	_____
_____	_____

Description of the Variance: _____

The following special conditions and circumstances exist which are peculiar to the land, structure or building involved and which are not applicable to other lands, structures or buildings in the same district. *Explain why the variance is being requested and why other alternatives that do not require a variance will not work. **Be specific.** No nonconforming use of neighboring lands, structures or buildings in the same zoning district or other zoning districts shall be considered grounds for issuance of a variance. Variance shall not be granted on the grounds of convenience or profit, but only where strict application of the provisions of the Zoning Ordinance would result in unnecessary hardship for the applicant.*

Examples of other properties in the same zoning district that currently have a similar variance or nonconforming structure:

Special conditions and circumstances do not result from the actions of our request: Yes No

Explain: _____

The authorizing of such variance will not be of substantial detriment to adjacent property and will not materially impair the purpose of this Zoning Ordinance or the public interest:

Yes No

Explain: _____

For an application to be accepted, the completed application must be submitted to the City at least 20 days prior to the date of the monthly Board of Zoning Appeals meeting (second Monday of each month) with appropriate fee. Incomplete applications will be placed on the next month's agenda if required information is not received by the Clerk by deadline.

As the applicant, I attest to the truth and exactness of all information supplied on this application

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Based on my interpretation, the above request is contrary to Section(s) _____ of the Zoning Code.

Zoning Inspector: _____ Date: _____

DECISION OF THE BOARD OF ZONING APPEALS

- Approved
- Disapproved
- Approved with conditions (provided below)

Board of Zoning Appeals Finding of Fact (Pursuant to Sections 1129.22 – 1129.26):

Specific Stipulated Conditions for Approval:

Chairperson, Board of Zoning Appeals

Date

