1006 Yellow Springs-Fairfield Rd
Fairborn, Ohio 45324
Phone: 937-878-0611
zoning@bathtwp.us

APPLICATION FOR VARIANCE

SITE ADDRESS			
SITE PARCEL NUMBER		**ZONING**	

APPLICANT'S NAME			
MAILING ADDRESS			
PHONE		EMAIL	
PREFERED CONTACT METHOD: *(Check all that apply)*	□ Phone	□ Email	□ In-Person

PROPERTY OWNER'S NAME (□ *Check if same as applicant)*			
	IF THE APPLICANT IS NOT THE PROPERTY OWNER, PLEASE ATTACH A LETTER FROM THE PROPERTY OWNER AUTHORIZING THE APPLICANT TO USE/MODIFY THE PROPERTY.		
MAILING ADDRESS			
PHONE		EMAIL	
PREFERED CONTACT METHOD: *(Check all that apply)*	□ Phone	□ Email	□ In-Person

Justification of Variance: *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 comments on a separate sheet)*

a. *that there are unique physical circumstances or conditions, including irregularity, narrowness, or shallowness of lot size or shape, or exceptional topographical or physical conditions generally created by the provisions of this Resolution in the neighborhood or district in which the property is located;*
b. *. that because of such physical circumstances or conditions, there is no possibility that the property can be developed in strict conformity with the provisions of this Resolution and that the authorization of a variance is therefore necessary to enable the reasonable use of the property;*
c. *that such unnecessary hardship has not been created by appellant;*
d. *that the variance, if authorized, will not alter the essential character of the neighborhood or district in which the property is located, nor substantially or permanently impair the appropriate use of the development of adjacent property, nor be detrimental to the public welfare; and*
e. *that the variance, if authorized, will represent the minimum variance that will afford relief and will represent the least modification possible of the regulation in issue.*

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENT IS TRUE AND CORRECT.

_____ _____

APPLICANT SIGNATURE DATE

ZONING ADMINISTRATOR:

DATE RECEIVED:	
NEXT BZA MEETING DATE	
CASE NUMBER	