

**APPLICATION FOR ZONING VARIANCE**  
**BOARD OF ZONING APPEALS**  
VILLAGE OF KIRKERSVILLE OHIO

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

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

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

**Phone:** Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_

1. **Locational Descriptions:** Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Section \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Other Designation \_\_\_\_\_

Block \_\_\_\_\_ Lot No. \_\_\_\_\_ (If not in a platted subdivision, attach a legal description of the area)

2. **Nature of Variances:** Describe generally the nature of the variances. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition, plans in triplicate and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

3. **Justification of Variances:** In order for the 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. Special conditions exist peculiar to the land or building in question;
- b. That a literal interpretation of the ordinance/resolution would deprive the applicant of rights enjoyed by other property owners;
- c. That the special conditions do not result from previous actions of the applicant; and
- d. That the requested variance is the minimum variance that will allow a reasonable use of the land or buildings.

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

**Applicant(s)** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**For Official Use Only**

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

Date of Notice in Newspaper: \_\_\_\_\_

Date of Notice of Adjacent Property Owner(s): \_\_\_\_\_

Fee Paid: \_\_\_\_\_ check #: \_\_\_\_\_

Decision of Board of Zoning Appeals: \_\_\_\_\_

\_\_\_\_\_

If approved, the following conditions and safeguards were prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

If denied, reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Board of Zoning Appeals,

\_\_\_\_\_ Chairman

Note: One (1) copy to be filed with the Zoning Inspector and two (2) with the Board of Zoning Appeals.