



Village of Saint Paris
135 W. Main St., St. Paris, Ohio 43072
Phone 937-663-4329 Fax 937-663-0350
www.stparisohio.org

APPLICATION FOR VARIANCE

Board of Zoning Appeals

1. **Name of Applicant** _____

Mailing Address _____

Phone Number (Personal) _____ (Business) _____

2. **Address of Property:** _____

Subdivision Name _____ Lot # _____

3. **Nature of Variance Requested** _____

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

4. **Justification for Variance** In order for a variance to granted, the applicant must prove to the Board of Zoning Appeals that the following items are true (please attach responses to these items on a separate sheet)

- Special conditions exist peculiar to the land or building in question
- That a literal interpretation of the ordinance or resolution would deprive the applicant of rights enjoyed by other property owners
- That the special conditions do not result from previous action of the applicants
- 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 Signature

Date

FOR OFFICIAL USE ONLY

Date Filed _____

Date Notice Sent to Newspapers _____

Date Notice Sent to Adjacent Property Owners _____

Date of Public Hearing _____

Fee Paid \$ _____

Decision of the Board of Zoning Appeals:

Approved _____ Denied _____

If approved, the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____

If denied, reason for denial: _____

Chair, Board of Zoning Appeals

Date