

FAIRFIELD TOWNSHIP BOARD OF ZONING APPEALS
APPLICATION UNDER THE ZONING RESOLUTION FOR
VARIANCES/CONDITIONAL USES/APPEALS

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6032 Morris Road	Telephone: (513) 887-4400
Hamilton, Ohio 45011	Fax: (513) 887-4405

Check all that apply:

- _____ Variance
- _____ Conditional Use
- _____ Appeal

- Newspaper _____
- Case No. _____
- Date Filed _____ Fees _____
- FTZA Meeting Date _____

APPLICANT: _____ **PHONE:** _____

ADDRESS: _____

APPLICANT CONTACT: _____ **PHONE:** _____

ADDRESS: _____

OWNER: _____

ADDRESS: _____

PHONE: _____

*** The Applicant must file with the Township Zoning/Administration Representative:**

1. Reason for Variance/Conditional Use Request: _____

2. A clear and accurate description of proposed work or use.

3. Location of Property: Parcel No., Lot No., Section, Town, Range, Township, Address of property, and current zoning.

4. List OWNERS name and address of ALL abutting property, including those across road or street, obtainable in Plat Room, 3rd Floor, Butler County Administrative Center, 130 High Street, Hamilton, Ohio, 45011.

5. Submit site plans, drawn to scale, showing the exact shape and dimension of the lot, buildings and accessory buildings existing and lines within which the proposed buildings are to be erected or altered. The existing and intended use of each building or part of a building is designed to accommodate. Construction drawings are required for all new/proposed structures.

6. Submit Butler County Health Department approval in writing (if required). Located at 301 South 3rd. Street, Hamilton, Ohio, 45011. Phone Number (513) 863-1770.

7. Copy of deed and subdivision restriction. Located 2nd floor, Butler County Administrative Center.

- 8: Additional information may be required per Article 25 of the Fairfield Township Zoning Resolution. It is the applicant's responsibility to file all required information at time of application.
- 9: The Board of Zoning Appeals and the staff reserve the right to require additional information as warranted based on the circumstances of the case.
- 10. **Applicant must submit nine (9) complete sets of Application.**
- 11. Each application shall be accompanied by a fee, as specified in the Zoning Resolution for the purpose of defraying expenses. FEES \$ _____

Any questions on part thereof not answered in full or with complete explanation will cause this office to return all papers to applicant as misfiled and no hearing will be held.

TO THE BOARD OF ZONING APPEALS

The undersigned, hereby applies for a Fairfield Township Zoning Resolution for permission to in accordance with plans, application and all data heretofore filed with said Zoning/ Administration representative, all of which are hereto attached and made part of this application. No previous application or appeal under the Zoning Resolution has been made by me affecting these premises.

I hereby depose and say that all the above statements and the statements contained in all the exhibits transmitted herewith are true.

Applicant or representative must be present at this meeting.

Applicants Signature

Sworn to and subscribed before me, this ____ day of _____, 20____, by the above applicant.

Notary Public

My Commission Expires

- **Fairfield Township Zoning/Administration acknowledgement of receipt.**

Signature/Printed Name	Title	Date
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PROPERTY OWNERS AFFIDAVIT

**STATE OF OHIO
COUNTY OF BUTLER**

I (we) _____
Hereby certify that we are all of the owners and of the real estate which is subject of the pending zoning application; that we hereby consent to the Zoning Appeals Board acting on my/our request for the subject real estate. I/we understand that our application will be considered and processed in accordance with the regulations as set forth by the Fairfield Township Zoning Department and Zoning Resolution; that we agree to accept, fulfill, and abide by those regulations and all stipulations and conditions attached to the decision by the Zoning Appeals Board. As owner(s) of the real estate which is the subject of the pending zoning application, I hereby consent to the Fairfield Township Zoning Department temporarily placing a sign advertising the zoning request on the subject property. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief.

Signature

Printed Name

Mailing Address

City, State, Zip Code

Telephone

Subscribed and sworn before me this _____ day of _____ 20 _____,

Notary Public