

Application to the
FAIRFIELD TOWNSHIP
ZONING COMMISSION

6032 Morris Road
Fairfield Township, OH 45011
(513) 887-4400

FOR OFFICE USE ONLY

Case No. _____
Date Filed _____ Fees _____
FTZC Meeting Date _____
Newspaper _____

PLEASE PROVIDE FIFTEEN COPIES OF THIS FORM AND ALL MATERIALS

PROPERTY LOCATED AT: _____

PARCEL IDENTIFICATION NUMBER: _____

Additional parcel number (if applicable)* _____

*If rezoned, all parcels comprising the development must be consolidated before a zoning certificate will be issued.

APPLICANT INFORMATION

APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE: _____

AMENDMENT INFORMATION

- A. If the amendment proposes to alter the text of the Zoning Resolution, attach:
1. Typed description of why the amendment is appropriate.

2. Typed copy of the text as it would appear in the Resolution (also identifying stricken language).

3. Application fee as established by the Township Trustees. I hereby request the Board of Zoning Appeals to grant a variance(s) from Section(s)

B. If the amendment proposes to alter the zoning map, attach:

1. List, for each parcel to be rezoned, the owner's name as it appears on the Butler County auditor's current tax list, the Butler County auditor's tax parcel number, and the property address.

2. List of adjacent property owners.

3. Photocopy of tax map with subject property highlighted.

4. Legal description of property (see deed).

5. Development plans.

6. Application fee as established by the Township Trustees.

SUPPORTING INFORMATION

A. Existing Zoning District _____

Existing Land Use _____

Proposed Zoning District _____

Proposed Land Use _____

B. Does the proposed zoning district conform to the Fairfield Township Vision Plan?

_____ YES

_____ NO

C. If the proposed zoning district **DOES NOT** conform to the Fairfield Township Vision Plan what physical, social, economic, and/or other changes have occurred that were not anticipated when the Fairfield Township Vision Plan was adopted? (Attach factual data to support the arguments).

D. How is the proposed zoning district appropriate considering surrounding zoning and land use?

AFFIDAVIT

I hereby depose and affirm that I have familiarized myself with the rules and regulations of the Fairfield Township Zoning Resolution in preparing this application. I certify that I have read the foregoing document and supplements attached thereto, and hereby attest to the truth and exactness of the information supplied herewith.

Applicant

STATE OF OHIO
COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My commission expires _____

Fairfield Township Zoning/Administration acknowledgement of receipt.

Signature Title Date

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