

STAFF USE ONLY	
Date application filed: _____	Date notice of request and hearing date mailed to adjoining property owners: _____
Application received by: _____	Date notice of request and hearing date published in newspaper: _____
Case #: _____	Hearing Date: _____

TROY TOWNSHIP BOARD OF ZONING APPEALS APPLICATION

This application is:

- A REQUEST FOR A VARIANCE
- A REQUEST FOR A CONDITIONAL USE PERMIT
- AN APPEAL OF THE TROY TOWNSHIP'S ZONING INSPECTOR'S DECISION

Applicants must complete this form in its entirety and provide all information that is requested. Incomplete applications will be returned and will not be accepted for review by the Troy Township Board of Zoning Appeals until all requested information is provided.

Name of Property Owner(s): _____

Address: _____ City/State : _____ Zip: _____

Home Phone Number: _____ Work phone number: _____

Cell phone Number: _____ Fax Number: _____

Address of property requesting variance, conditional use permit or appeal of zoning inspector's decision: _____

Subdivision Name: _____ Phase No: _____

Inlot No: _____ Acreage: _____ Parcel ID #: _____

Zoning District: _____ Present Use: _____

SUPPLEMENTAL DOCUMENTS CHECKLIST

In order to fully understand the variance request, the following supplemental documents are to be provided and should be marked as the exhibit listed:

Exhibit A: Ten (10) copies of the development plan, including the legal description.

Exhibit B: A list of all property owners and mailing addresses within 500 feet of the exterior boundaries of the parcel to be re-zoned. This list must include all property owners located to the sides, across the road and to the rear of the parcel to be re-zoned. *Omission of property owner(s) names and address within 500 feet can result in re-zoning delays or revocation of the re-zoning request.*

Exhibit C: A surveyor's map of the property requesting variance or conditional use permit which includes property lines and placement of building, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines.

Exhibit D: A copy of overhead pictures of property requesting variance which includes property lines and placement of building, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines. A copy of overhead pictures of the property can be obtained through sources such as the Delaware County Auditor website (www.delawarecountyauditor.org) or Google Maps (www.maps.google.com).

Exhibit E: Copy of proposed drawing or picture of structure (including square footage), if applicable.

Exhibit F: Any other supporting documents you would like to provide for the Troy Township Zoning Board of Appeals to consider.

All exhibits, documents and plans are to be folded so they can fit in a legal size folder.

VARIANCE, CONDITIONAL USE PERMIT OR
APPEAL OF ZONING INSPECTOR'S DECISION REQUEST(S)

Describe the project for this application. Provide as much detail as possible:

For each variance, conditional use permit or appeal of zoning inspector's decision that is being requested, please complete the following sections (please make additional copies of this page and complete, if necessary):

Code Section Applicable to Application: _____

Description of Variance, Conditional Use or Appeal of Zoning Inspector's Decision Requested:

Code Section Applicable to Application: _____

Description of Variance, Conditional Use or Appeal of Zoning Inspector's Decision Requested:

VARIANCE REQUEST

If this application is not for a variance request check box NOT REQUESTING A VARIANCE

If application is for a variance, please explain how:

1. Your request is not contrary to the public interest:

2. Your request is justified due to special conditions (and what those conditions area):

3. The literal enforcement of the Zoning Resolution will result in practical difficulties and what those are, such as:

a. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance:

b. Whether the spirit of the Zoning Resolution will be observed and substantial justice done:

c. Whether the essential character of the area would be substantially altered or whether adjoining properties would suffer a substantial detriment as a result of the variance:

d. Whether the variance would adversely affect the delivery of essential services (e.g. water, sewer, septic, garbage), school transportation or emergency services (police, fire department, EMTs) from entering or leaving the property without impacting adjoining properties:

4. Whether the property owner's predicament can be resolved through some other means other than a variance:

Once you answered all questions, please sign and date application on page 5

CONDITIONAL USE REQUEST

If this application is not for a conditional use request check box NOT REQUESTING A CONDITIONAL USE

If application is for a conditional use, please complete your conditional use request:

1. Explain the nature of the proposed conditional use of the property:

2. Is the proposed use of such a nature, and designed to be constructed, operated and maintained in such a manner, so as to be harmonious and appropriate with the existing or intended character of the area and that such use will not change the essential character of the same area:

3. That the conditional use will not be hazardous or disturbing to existing or future neighboring uses:

4. That the request for the conditional use would not adversely affect the delivery of essential (e.g. water, sewer, septic, garbage), school transportation or emergency services (police, fire department, EMTs) from entering or leaving the property without impacting adjoining properties:

Once you answered all questions, please sign and date application on page 5

APPEAL OF ZONING INSPECTOR'S DECISION

If this application is not an appeal of a zoning inspector's decision, check box NOT A ZONING INSPECTOR'S DECISION APPEAL

If application is for an appeal of the Zoning Inspector's decision, please explain the nature of your appeal and why overturning the decision is appropriate in this case. Provide as much detail as possible. Use additional pages if needed.

APPLICANT SIGNATURES

Date: _____ Applicant(s): _____
Signature(s)



Troy Township Zoning Board of Appeals Decision

Please note: The deliberation and decision rendered for each request relating to this application as requested by the applicant(s) will be reflected in the Troy Township Zoning Board of Appeals minutes taken by Troy Township Secretary and signed by the Troy Township Zoning Board of Appeals chairperson. The application, exhibits and minutes will be kept on file by Troy Township, as required by law.

Vote: Aye: _____ (vote in favor of request) Nay: _____ (vote opposing the request) Abstain: _____ (did not vote in favor or oppose the request)