



# Board of Zoning Appeals Public Hearing Request: Variance

Planning & Zoning Department  
100 Dayton St, 2<sup>nd</sup> Floor  
Yellow Springs, OH 45387  
(937) 767-1702

[FOR OFFICE USE ONLY]

Case #: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

### Applicant Information

Property Address:	_____		
Property Owner:	_____	Phone: _____	Email: _____
Mailing Address:	_____		
Applicant Name:	_____	Phone: _____	Email: _____
Applicant Address:	_____		

### Project Information

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dimensions of Project & Total measurement of Variance requested: \_\_\_\_\_

Site Plan Attached:

I understand that approval of this application does not constitute approval for any administrative review, conditional use permit, variance, or exception from any other Village regulations which are not specifically the subject of this application. I understand that I remain responsible for satisfying requirements of any private restrictions of covenants appurtenant to the property.

I, the undersigned do hereby certify that I am the applicant, and the information and statements given on this application, drawings, and specifications are to the best of my/our knowledge, true and correct. I understand that the Village is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this Zoning permit as determined by the Village. I further certify that I am the Owner, or the lessee, or agent, fully authorized by the owner to make this submission. I certify that statements made to me about the time required to process this application are general estimations and not binding. Further, I understand that it may be necessary for the Village to request additional information and clarification after I have submitted this application and accompanying documentation.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Zoning Fee: \$ _____	Payment Type: <input type="checkbox"/> Check   <input type="checkbox"/> Cash   <input type="checkbox"/> Card	Approved <input type="checkbox"/>   Denied <input type="checkbox"/>
Other fees: \$ _____	Zoning District: _____	Permit Number: _____
Total \$ _____	Zoning Official Name and Title _____	Date _____