



**Prairie Township Zoning Office
Board of Zoning Appeals**
25 Maple Drive
Columbus, Ohio 43228
(614) 878-3317 ext 103
(614) 878-0566 Fax
www.prairietownship.org

BZA USE ONLY	
APPLICATION NO.	_____
FEE RECEIPT NO.	_____
RECEIVED BY	_____

VARIANCE / APPEAL PERMIT

1. General Information:

Name of Owner (and Lessee, if applicable): _____

Mailing Address: _____

Home Phone: _____ Business/Other Phone: _____

Name, address and phone number of applicant (if other than owner):

Location Description: Subdivision Name: _____

Street Name: _____

Section: _____ Township: _____ Range: _____

Parcel ID#: _____ Other Designation: _____

Lot Number: _____ (If not a platted subdivision, attach a legal description)

2. Nature of Appeal:

The undersigned requests review of the decision by the Zoning Inspector of Application for Zoning Permit No. _____, denied (issued) on _____. It is the applicant's contention That the following error was made in the determination of the Zoning Inspector:

3. Variance Request: (Applicable only if requesting variance from a specific section(s) of the Resolution)

Describe the nature of the variance, including the specific provisions of the Zoning Resolution upon which the variance is requested:

In addition, plans in triplicate and drawn to scale must accompany this application showing the following information:

- (a) The boundaries and dimension of the subject tract.
- (b) The size and location of existing proposed structures.
- (c) The proposed use of all parts of the subject tract, including structures, access ways, walks, off-street parking and loading spaces and landscaping.
- (d) The relationship of the requested variance to the District and Supplementary District.
- (e) The use of land and location of structures on adjacent property.

4. Notice to Nearby Property Owners:

Names and addresses of all owners of property within, contiguous to, and directly across the street from the area that is the subject of application, and such other persons who may have an interest in the proceeding, as may be designated as parties in interest by the BZA.

5. Justification of Variance (applicable only if requesting a variance from a specific section(s) of the Resolution):

In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true (submit a narrative statement demonstrating each item):

- (a) That such variance or modification will not be contrary to the public interest
- (b) That owing to special conditions, a literal enforcement of this Zoning Resolution will result in unnecessary hardship; and
- (c) That the approval of such variance or modification thereof is consistent with the spirit of the Zoning Resolution, and substantial justice will be done thereby.

When making its decision, the Board of Zoning Appeals is required to consider all relevant factors including, but not limited to, the following items (submit a narrative statement applying each of these factors to your particular request):

- (a) Special conditions and circumstances exist which are peculiar to the land, structure, or buildings involved which are not applicable to other lands, structures, or buildings in the same district.
- (b) A literal interpretation of the provisions of this Resolution would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Resolution
- (c) Special conditions and circumstances do not result from the actions of the applicant.
- (d) Granting the variance requested will not confer on the applicant the same effect as rezoning to another zoning district classification.

6. Fee:

The fee as prescribed in Section 360, Prairie Township Zoning Resolution, shall be submitted with the application. Fees are as follows: Single Family Dwelling - \$_____. Business and all others - \$_____.

7. Certification:

The undersigned hereby certify that the information contained in this application and its supplements is true and correct.

Date: _____

 Owner(s) Signature
 Lessee(s) Signature (if applicable)

Applicant Signature (if applicable)

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Date Filed: _____ Fee Paid \$ _____ Fee Receipt No. _____

Date of Notice to Parties in Interest: _____

Date of Notice to Newspapers: _____

Planning Commission Recommendations (if applicable): _____

Other Recommendations: _____

Decision of Board of Zoning Appeals:

Approved: _____

Denied: _____

Other: _____

If approved, the following conditions and safeguards were prescribed: _____

If denied, reason for denial: _____

PRAIRIE TOWNSHIP BOARD OF ZONING APPEALS

PRAIRIE TOWNSHIP ZONING OFFICE

25 MAPLE DRIVE

COLUMBUS, OHIO 43228

CHAIRMAN

PHONE (614) 878-3317 EXT 103

DATE