

Board of Zoning Appeals meetings are held every 2nd and 4th Tuesday of the month at 3:30 p.m. in the council chambers on the second floor.

COMPLETED APPLICATIONS ARE DUE TWO (2) WEEKS PRIOR TO MEETING. Applicant(s) will be notified if your application is scheduled on the agenda.

Office Use only

Date Filed _____
 Accepted by _____
 Filing Fee Pd. _____
 Receipt # _____
 Date of Meeting _____

APPLICATION FOR A VARIANCE
CITY OF TROY BOARD OF ZONING APPEALS
 (MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK)

 (Street Address)

 (Parcel Identification Number)

 (Zoning District)

OWNER

APPLICANT

Name _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone No. _____
 Fax No. _____
 Email _____

Name _____
 Address _____
 City _____
 State _____
 Zip Code _____
 Phone No. _____
 Fax No. _____
 Email _____

The applicant is the _____ of the property, which is subject to this application.
 (State the interest of the applicant)

(OFFICE USE ONLY)	PLEASE PROVIDE THE FOLLOWING REQUIRED DOCUMENTS:
____ EXHIBIT A	1. Denied Zoning Permit Application: Application submitted by the applicant for a Zoning Certificate which was denied by the Zoning Administrator. Attach as EXHIBIT "A"
____ EXHIBIT B	2. Letter of Denial by the Zoning Administrator. Attach as EXHIBIT "B"
____ EXHIBIT C	3. Site Plan: Actual dimensions of subject property according to recorded plat of such property. Also include the present zoning district, use, height, location and ground area of all existing and proposed buildings, off-street parking, vehicular entrances and exits, signs, landscaping, and any other uses appropriate for said variance. Attach as EXHIBIT "C"
____ EXHIBIT D	4. Property Owner List: Identify the city lot number for each property, the property owner's name, property address, and the <i>property owner's address</i> (this may be different from property address – check with the County Auditor tax list) of all contiguous properties beginning with the subject property (SEE EXAMPLE). NOTE: THE PROPERTY OWNER'S LIST AND MAP CAN BE OBTAINED FROM THE COUNTY PROPERTY TAX RECORDS (TAX MAPS). Attach as EXHIBIT "D"
____ EXHIBIT E	5. Property Owner Map: Identify on a map (using a scale of one (1) inch = 100 feet) the subject property and all contiguous properties including those across any street or alley. Using the "Property Owners List" identify the names of the property owners, addresses, lot numbers, and zoning districts beginning with the subject property (SEE EXAMPLE). Attach as EXHIBIT "E"
____ Copies	6. One (1) complete application set (Exhibits A-E) in a reproducible format no larger than 11"x17"
____ Labels	7. One (1) digital copy of complete application set emailed to shannon.brandon@troyohio.gov
____ Map(s)	8. One (1) set of mailing labels of the "property owners address"
____ Filing Fee	9. One (1) copy of county tax map(s)
	10. Check issued to City of Troy for \$200.00

PLEASE READ CAREFULLY AND ANSWER THE FOLLOWING ITEMS AS FULLY AS YOU CAN. USE SEPARATE SHEET(S) IF NEEDED. READ ATTACHED SECTION 1137 OF THE ZONING CODE BEFORE COMPLETING APPLICATION.

(A) The particular requirements of this Zoning Code which prevent the proposed use or construction.
(For example, Section 1142.08 (f) (5) Rear Yard Setback of 30')

(B) The characteristics of the subject property which prevent compliance with requirements of this Zoning Code.

(C) The reduction of the minimum requirements of this Zoning Code which would be necessary to permit the proposed use or construction (List all variances requested).

(D) The particular hardship, which would result if, said particular requirements of this Zoning Code were applied to the subject property (Unique conditions or physical impairments).

I HEREBY DEPOSE AND SAY THAT THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL THE EXHIBITS PREPARED BY ME AND TRANSMITTED HERewith ARE TRUE.

(Applicant Signature)

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

My Commission Expires _____
(Month/Date/Year)

(Notary Public)

(Office Use Only - Do Not Write Below This Line)

DISPOSITION OF BOARD OF ZONING APPEALS:	
_____	PUBLIC HEARING DATE
_____	DATE OF DECISION
Approved: _____ Denied: _____	DECISION OF THE BOARD
_____	AMENDED / CONDITIONS ATTACHED