



SUGARCREEK TOWNSHIP ▪ GREEENE COUNTY ▪ OHIO
ZONING OFFICE
2090 Ferry Road, Bellbrook, Ohio 45305
TELEPHONE: (937) 848-8426
www.sugarcreektownship.com

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
VARIANCE APPLICATION
TO THE SUGARCREEK TOWNSHIP BOARD OF ZONING APPEALS**

An application for a variance to the Board of Zoning Appeals submitted to the Sugar Creek Township Zoning Office must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements, as well as application submittal forms. The checklist together with all required information, original application forms and copies must be submitted in complete and accurate form before the application will be processed by the Zoning Office.

The submission deadline represents the final day on which an application will be accepted. After the submission deadline the applicant cannot modify any portion of the information submitted unless specifically requested by staff or the Board of Zoning Appeals. If the application is not complete the case will not be placed on the agenda. Early submission is therefore highly recommended to assure placement on the agenda and adequate time for revisions and corrections.

The Sugar Creek Township Zoning Office maintains a list of monthly meeting dates and submission deadlines.

PLEASE NOTE THAT THIS APPLICATION AND ALL SUPPORTING DOCUMENTATION MAY BE SUBJECT TO DISCLOSURE UNDER THE PUBLIC RECORD LAWS OF THE STATE OF OHIO.

**SUBMISSION REQUIREMENTS FOR A VARIANCE TO THE SUGARCREEK
TOWNSHIP ZONING RESOLUTION**

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:

CASE #: _____ DATE RECEIVED: _____

1. GENERAL REQUIREMENTS

Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda.

____ 1.1 **PRE-APPLICATION MEETING** **Date:** _____

Time: _____

The applicant is required to meet with staff of the Zoning Office to discuss the overall application process before submitting the application packet. Please call (937) 848-8426 for an appointment. Final staff review to the Board of Zoning Appeals about this application will be contained in the staff report which will be provided to the applicant prior to the meeting date.

____ 1.2 **APPLICATION FEE** **\$500**

An application shall be accompanied by a non-refundable fee to cover the costs of holding the public hearing public hearing thereon. Request to withdraw an application must be submitted in writing to the Zoning Compliance Officer. There shall be no refund or part thereof once public notice has been given.

2. WRITTEN REQUIREMENTS

____ 2.1 **REFUSAL NOTICE/ZONING ORDER (IF APPLICABLE)**

Submit one copy of the refusal notice issued by the Sugarcreek Township Zoning Compliance Officer (if applicable).

____ 2.2 **ADJACENT PROPERTY OWNERS LIST**

A typewritten list containing the names, tax mailing addresses and parcel numbers of all parcels within five hundred (500) feet of the subject site must be submitted on mailing labels.

____ 2.3 **DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE
FORM**

Complete and submit the Description of Request and Reasons for Variance Form (provided).

____ 2.4 **PROPERTY OWNER'S AFFIDAVIT**

Complete and submit the Affidavit (provided).

____ 2.5 **CHECKLIST OF REQUIREMENTS**

Submit this checklist fully completed.

3. GRAPHIC REQUIREMENTS

____ 3.1 **Plot Plan**

Submit ten (10) copies of a plot plan for the subject site drawn to an engineering scale (1"=20', 1"=30', etc.). These plans should indicate accurate lot shape and property line dimensions, the size, location, and use of existing and proposed buildings and structures, public streets and right-of-way boundaries, and the location of any natural or topographical peculiarities of the subject parcel(s).

____ 3.2 **Reduced Plot Plan**

Submit one (1) copy of the plot plan reduced to an 11" x 17" maximum sheet of paper. The information contained on the reduced version of the plan shall be the same as that which is required above.

INFORMATION SUBMITTED SHALL BE ASSUMED TO BE CORRECT AND APPLICANT AND/OR AGENT SHALL ASSUME RESPONSIBILITY FOR ANY ERRORS AND/OR INACCURACIES RESULTING IN AN IMPROPER APPLICATION.

**Signature of person preparing this checklist
(Applicant or Representative)**

Date Submitted

Printed name of person preparing this checklist

**APPLICATION FOR A ZONING VARIANCE
TO THE BOARD OF ZONING APPEALS
SUGARCREEK TOWNSHIP ZONING OFFICE
2090 Ferry Road, Bellbrook, Ohio 45305
Telephone: (937) 848-8426**

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:	
CASE #: _____	DATE RECEIVED: _____
FEE RECEIPT #: _____	RECEIVED BY: _____

NOTE: This application must be typewritten or printed clearly, use additional sheets if necessary.

NAME OF APPLICANT: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NO.: _____ FAX NO.: _____

EMAIL ADDRESS: _____

PROPERTY ADDRESS: _____

FOR EACH PARCEL WITHIN THE SUBJECT SITE PLEASE PROVIDE:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	SUBJECT PARCEL(S) NUMBER

REQUEST VARIANCE FROM ARTICLE: _____ SUBSECTION: _____

INTEREST IN PROPERTY: Owner Agent Leasee Optionee

APPLICANT:

Applicant Signature Address Phone Number

OWNER(S):

Owner Signature Address Phone Number

Owner Signature Address Phone Number

DESCRIPTION OF REQUEST AND REASONS FOR A ZONING VARIANCE
SUGARCREEK TOWNSHIP ZONING OFFICE
2090 Ferry Road, Bellbrook, Ohio 45305
Telephone: (937) 848-8426

FOR SUGARCREEK TOWNSHIP ZONING OFFICE USE ONLY:

CASE #: _____ DATE RECEIVED: _____

NOTE: This application must be typewritten or printed clearly.

THE APPLICANT SHOULD PREPARE A STATEMENT REGARDING THE FOLLOWING
 (USE ADDITIONAL SHEETS IF NECESSARY):

- 1) Is the requested variance a use variance or an area/dimensional variance?

Please describe the requested variance:

USE VARIANCES: In order to grant a use variance, the BZA shall determine that strict compliance with the terms of the Sugarcreek Township Zoning Resolution will result in unnecessary hardship for the applicant. The applicant must demonstrate such hardship by clear and convincing evidence. Answers to the following questions (as well as testimony given at the BZA hearing) will aid the BZA in making such a determination. In the case of yes or no answers, please provide explanations. **ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ARE REQUESTING A USE VARIANCE:**

- 2) Absent the issuance of a variance, can the property be put to any economically viable use under any of the permitted uses in the zoning district in which the property is located?
- 3) Describe the condition which is unique to the property at issue and not ordinarily found in the same zoning district from which the variance request stems (e.g. a unique building exists on the site that cannot readily be reused for a permitted use).
- 4) Can the variance requested be otherwise resolved by a zoning map amendment?

- 5) Will strict compliance with the Zoning Resolution result in a hardship condition and is that hardship condition created by the actions of the applicant?

- 6) Will the granting of the variance adversely affect the rights of adjacent property owners or residents?

- 7) Will the granting of the variance adversely affect public health, safety or general welfare?

- 8) Is the variance consistent with the general spirit and intent of the Sugarcreek Township Zoning Resolution?

- 9) Is the variance sought the minimum that will afford relief to the applicant?

AREA/DIMENSIONAL VARIANCES: Answers to the following questions will aid the BZA in determining if a practical difficulty exists that would justify an area/dimensional variance. In the case of yes or no answers, please provide explanations. **ANSWER THE FOLLOWING QUESTIONS ONLY IF YOU ARE REQUESTING AN AREA/DIMENSIONAL VARIANCE:**

- 10) Describe the special conditions and circumstances that exist which are peculiar to the land or structure involved and which are not applicable generally to other lands or structures in the same zoning district; examples of such special conditions or circumstances are: exceptional irregularity, narrowness, shallowness or steepness of the lot, or adjacency to nonconforming and inharmonious uses, structures or conditions.

- 11) Will the property in question yield a reasonable return or can there be any beneficial use of the property without the requested variance?

- 12) Is the requested variance substantial and is it the minimum necessary to make possible the reasonable use of the land or structure(s) involved?

- 13) Will the essential character of the neighborhood be substantially altered or will adjoining properties suffer substantial detriment as a result of the requested variance?

- 14) Will the requested variance adversely affect the delivery of governmental services such as water, sewer, and trash pickup?

- 15) Do the special conditions or circumstances exist as a result of actions of the owner?

- 16) Can the property owner's predicament feasibly be obviated through some method other than the requested variance?

- 17) Will the spirit and intent behind the zoning requirement be observed and substantial justice done by granting the requested variance?

- 18) Will the granting of the requested variance requested confer on the applicant any special privilege that is denied by this regulation to other lands, structures, or buildings in the same district?

PROPERTY OWNER’S AFFIDAVIT

STATE OF OHIO
COUNTY OF GREENE

I (we) _____
hereby certify that we are all of the owners of the property which is the subject of this Variance application. I (we) consent to the Board of Zoning Appeals of Sugarcreek Township acting on our application. We understand that our application will be considered and processed in accordance with the regulations set forth by the Sugarcreek Township Zoning Office and Zoning Resolution. I (we) agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Board of Zoning Appeals of Sugarcreek Township. I (we) authorize Sugarcreek Township to place a Public Hearing Notification sign on the 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

Phone Number

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

, Notary Public

My Commission Expires: _____

Person to contact for details, other than signatory:

Name Address Phone Number