## APPLICATION FOR APPEAL COLERAIN TOWNSHIP BOARD OF ZONING APPEALS

4200 Springdale Rd Cincinnati, Ohio 45251 (513) 385-7505; Fax (513) 245-6503

An appeal must be filed within 20 calendar days of the action causing the appeal (ORC 519.15)

	Application number: BZA
Owner:	Applicant:
Property Address:	
City:	State/Zip:
Applicant Address:	
City:	State Zip
Phone:	
Auditor's Book-Page-Parcel Number: 510	
Zoning Classification:	
Appeal to (check one): Refusal to issue Zoning Certificate	
Required Documents:	
Signed, typewritten <i>Justification of Variance</i> statement addressing the items listed on the reverse of this page - <b>8 copies</b> .	
☐ Site Plan (surveyor/engineer's sea	al may be required) and construction drawings - 8 copies.
☐ Names and addresses of adjacent property owners (use County Auditor's records) - 2 copies.	
☐ Plat showing adjacent property owners - 2 copies.	
☐ Fees.	
Office use only: Appeal Fee:	
Legal Notice:	
	ent Property Owners:
Total Amount I	Paid:
An application for appeal will not be accepted until all of the requirements are met. Failure to appear at the scheduled public hearing may result in dismissal of the appeal.	
Signature of Property Owner:	
Signature of Applicant (if not the Owner):	

## Justification of Variance statement:

- 1. Describe the variance requested, referring to the specific relevant sections of the Zoning Resolution (as indicated in the Refusal letter or Violation letter).
- 2. Affirm that the use requested is permitted in the zoning district where the property is located.
- 3. Describe how the variance is not contrary to the public interest.
- 4. Describe how a literal enforcement of the zoning resolution would result in unnecessary hardship. Describe the specific hardship(s) related to special conditions unique to the individual property for which a variance is being requested.
- 5. Affirm that the need for a variance is not a result of the applicant's or owner's actions.