



## BOARD OF ZONING APPEALS APPLICATION Conditional Use

Staff Use Only	
Date Application Received: _____	Date Notice of Request and Hearing Date Mailed to Adjoining Property Owners: _____
Application Received By: _____	Date Notice of Request and Hearing Date Published in Newspaper: _____
Case #: _____	Hearing Date: _____

Property Information	
Site Address: _____	
Parcel ID: _____	Zoning District: _____
Subdivision: _____	Lot #: _____
Present Use: _____	Acreage: _____

Property Owner Information	
Name(s): _____	
Address: _____	
Phone #: _____	Work #: _____
Email: _____	

In order to fully understand the request, the following supplemental documents are to be provided and marked as the exhibit listed:	
Exhibit A:	Ten (10) copies of the development plan, including the legal description
Exhibit B:	A list of all property owners and mailing address within 500 ft of the exterior boundaries of the parcel to be re-zoned. This list must include all property owners located to the sides, across the road, and to the rear of the parcel to be re-zoned. <i>Omission of property owner(s) names and addresses will result in delays or revocation of the request.</i>
Exhibit C:	A surveyor's map of the property requesting variance or conditional use permit which includes property lines and placement of buildings, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines.
Exhibit D:	A copy of overhead pictures of property of property requesting variance permit which includes property lines and placement of buildings, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines. A copy of overhead pictures can be obtained through Delaware County Audit website or Google Maps.
Exhibit E:	Copy of proposed drawing or pictures of structure (including square footage), if applicable.
Exhibit F:	Any other supporting documents you would like to provide for the Troy Township Zoning Board of Appeals to consider.





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### Conditional Use

**CONDITIONAL USE ONLY:**

Please complete the following (If necessary, please make additional copies of this page)
1. The proposed use is a Conditional Use established in this zoning resolution.
2. The proposed use is of such a nature, and designed to be constructed, operated and maintained in such a manner, so as to be harmonious and appropriate with the existing or intended character of the area and that such use will not change the essential character of the area.
3. The proposed will not be hazardous or disturbing to existing or future neighboring uses.
4. The proposed use would not adversely affect the delivery of essential services (e.g., water, sewer, septic, garbage) school transportation or emergency services (police, fire department, EMTs) from entering or leaving the property without impeding adjoining properties.
5. The proposed use will not involve uses, activities, processes, materials, equipment or conditions of operation that will be detrimental to any persons, property or the general welfare by reason of excessive production of traffic, noise, smoke, fumes, glare, or odors.
6. The proposed use will be consistent with the objectives of this zoning resolution and Troy Township's Comprehensive Plan.
7. The proposed use will be in the best interest of the public health, safety and morals.
8. Whether the hardship conditions were created by the actions of the applicant.



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### Conditional Use

#### Affidavit

I hereby certify that the facts, statements, and information presented within this application form and any subsequent documents attached hereto are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the Township. I hereby certify that I have read and fully understand all the information required in this application form and all applicable requirements of the Troy Township Zoning Resolution.

#### Property Owner's Signature

I, \_\_\_\_\_ (Print Name), hereby certify that all information provided is true and accurate and is submitted to induce the issuance of a zoning permit.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_