TROY TOWNSHIP
BOARD OF ZONING APPEALS
Application for an Appeal of Zoning Inspector's Decision
Delaware County, OH

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: _____

All applications must be submitted to the Zoning Inspector, with a $825.00 filing fee with a personal check or money order made out Troy Township. The Application shall be accompanied by the following information and arranged into 10 complete packets:

☐ Exhibit A: Ten (10) copies of the development plan, including the legal description. Include a surveyor's map (site plan) of the property requesting a variance permit or conditional use permit which includes property lines and placement of buildings, changes, etc. If applicable, provide current and proposed feet from setbacks or adjoining property lines.

☐ 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. Omission of property owner(s) names and addresses will result in delays or revocation of the request.

☐ Exhibit C: A copy of overhead pictures of property of property requesting 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 Couty Audit website or Google Maps

☐ Exhibit D: Copy of proposed drawing or pictures of structure (including square footage), if applicable

☐ Exhibit E: Any other supporting documents you would like to provide for the Troy Township Zoning Board of Appeals to consider.

Applicants must complete this form in its entirety and provide all information that is requested. Once the legal notice has been published, the application cannot be amended.

Section I

Name of Applicant(s): _____

Address: _____

City: _____State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Name of Property Owner(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Note: Applicants must complete this in its entirety and provide all information that is requested. Incomplete applications will be returned and will not be accepted for review by the Troy Township Board of Zoning Appeals until all requested information is provided. Version 1.0

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Address of Property Requesting the Appeal: _____

City:_____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Subdivision Name: _____ Phase #: _____ Inlot #: _____

Acreage: _____ Parcel ID #: _____ Current Zoning District: _____

Check item(s) for which variance or appeal is requested:

☐ Lot size

☐ Lot width

☐ Setbacks

☐ Sign

☐ Nonconforming residential/commercial use

☐ Accessory or special use

☐ Other: _____

Section II

Describe the project for this application. Provide as much detail as possible:

_____

_____

_____

_____

_____

_____

For each Appeal, please complete the following sections (make additional copies of this page if required).

Description of Appeal:

_____

_____

_____

Zoning Resolution Code Section Applicable to Appeal: _____

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Description of Appeal:

_____

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Zoning Resolution Code Section Applicable to Appeal: _____

Description of Appeal:

_____

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_____

_____

Zoning Resolution Code Section Applicable to Appeal: _____

Description of Appeal:

_____

_____

_____

_____

Zoning Resolution Code Section Applicable to Appeal: _____

Zoning Inspector's decision/interpretation:

_____

_____

_____

_____

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Section III

Why do you believe this decision/interpretation is incorrect, and why do you feel overturning the decision is appropriate in this case. Please be as specific as possible (if required, please use additional pages to fully provide responses to each question):

_____

_____

_____

_____

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) / Applicant 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: _____

Board of Zoning Appeals Use Only

Note: The deliberation and decision rendered for each request relating to this application as requested by the applicant(s) will be reflected in the Troy Township Zoning Board of Zoning Appeals minutes taken by the Troy Township Secretary and signed by the Troy Township Board of Zoning Appeals chairperson. This application, exhibits and minutes will be kept on file Troy Township, as required by law.

Vote: Aye (in favor): _____ Nay (opposing): _____ Abstain: _____

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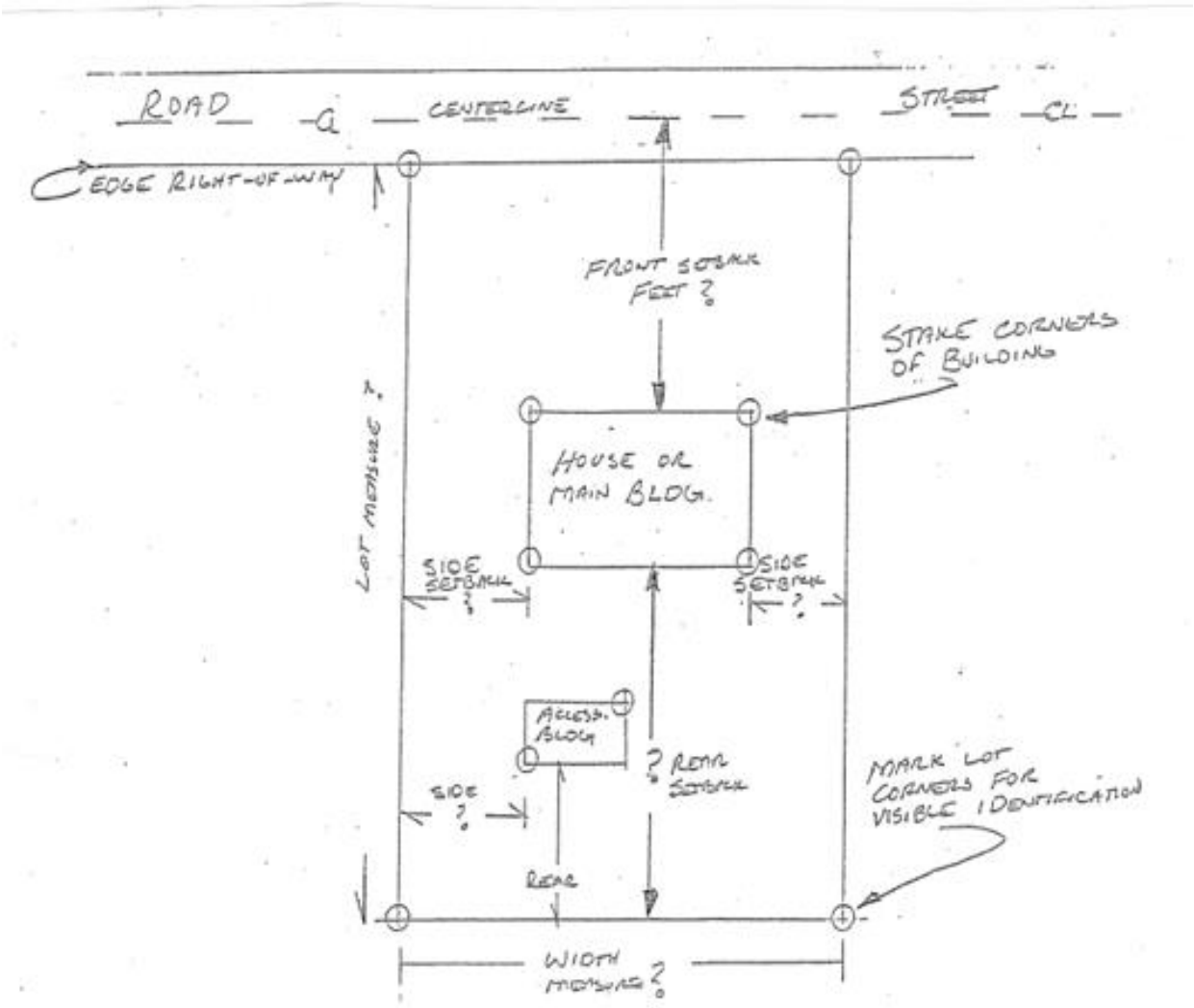
Example of an acceptable site plan:



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