

**SPRING VALLEY TOWNSHIP
BOARD OF ZONING APPEALS**

APPLICANT INSTRUCTIONS

The applicant should forward the following information to:

Zoning Inspector
Spring Valley Township
PO Box 147, 2547 US Route 42 South
Spring Valley OH 45370

1. Complete application for Variance, Conditional Use, or Appeal with six copies of each.
2. Attach a map of the area designating the site involved. Maps may be acquired at the Greene County Tax Map Office, 69 Greene Street, Xenia, Ohio, or <https://gis.greenecountyohio.gov/gims/>
3. A plot plan of the site involved. The plot map can be a single line drawing showing lot size and building locations on the lot/parcel.
4. Any other plans, brochures, pamphlets, or applicable material relating directly to the case.
5. A check made out to Spring Valley Township:
 \$500 for a Variance Application
 \$500 for a Conditional Use Application
 \$500 for an Appeal Application
6. Upon completion of the application for the Spring Valley Township Board of Zoning Appeals, you will be notified by written notice when the hearing date of your application is scheduled. Failure of applicant to attend will result in a delay of a decision or disapproval of the case.
7. Applicant may withdraw his application during any stage of its processing by giving written notice to the Spring Valley Township Board of Zoning Appeals and to the Spring Valley Township Zoning Inspector.
8. Applications to be heard the following month must be in the possession of the Township Zoning Inspector thirty (30) calendar days prior to the fourth Monday of each month and complete.

APPLICATION FOR VARIANCE
Board of Zoning Appeals
2547 US Route 42 South, PO Box 147
Spring Valley OH 45370

Application No. _____

1. Name of Applicant _____
Mailing Address _____
Phone Number (Home) _____ (Business) _____
(If applicant is not the owner of the subject property, then authorization to act on behalf of the owner is required)

2. Name of Owner (if not applicant) _____
Mailing Address _____
Phone Number (Home) _____ (Business) _____

3. Location of property where certificate is requested in accordance to County Auditor's Property Plat Book Records:
Township _____ Book No. _____ Page _____ Parcel (s) _____
Section _____, Town _____, Range _____ Survey No. _____
Name of Subdivision Plat _____ Lot No. _____
(If not in a platted subdivision, attach a legal description)

4. Nature of Variance: Describe generally the nature of the variance _____

In addition, plans six sets and drawn to scale must accompany this application showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographic peculiarities of the lot in question.

5. Justification of Variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true:
(Please address a response to the following on a separate sheet of paper)

- a. special conditions exist peculiar to the land or building in question
- b. that a literal interpretation of the Spring Valley Township Zoning Resolution would deprive the applicant of rights enjoyed by other property owners.
- c. that the special conditions do not result from previous actions of the applicant
- d. that the requested variance is the minimum variance that will allow a reasonable use of the land or buildings.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS SUPPLEMENTS IS TRUE AND CORRECT.

Date

Applicant