

**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 CONDITIONAL USE

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

Application No. _____

The undersigned requests a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

1. Name of Applicant _____
Mailing Address _____
Phone Number (Home) _____ (Business) _____
2. Location of property where certificate is requested in accordance to County Auditor's Property Plat Book Records:
Township _____ Book No. _____ Page _____ Parcel (s) _____
Name of Subdivision Plat _____ Lot No. _____
3. Location of Property in Relation to Existing Streets:
Property is situated along the _____
(East, West, North, South)
side of _____ Approximately _____
(Name of Road or Street)
feet _____ of the intersection of _____
(East, West, North, South) (Street Name)
4. Existing Use _____
5. Zoning District _____
6. Description of Proposed Conditional Use _____

7. Supporting Information: Attach a plan for the proposed use (eight copies) showing the location of buildings, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, right-of-way, refuse and service areas and such other additional information as the Board of Appeals may require to determine if the proposed conditions used meets the intent and requirements of the Resolution. Also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.
8. The appropriate fee must be submitted to Spring Valley Township.

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

Date

Owner