

**WASHINGTON C.H. BUILDING/ZONING DEPARTMENT  
105 N. MAIN STREET  
WASHINGTON C.H., OHIO 43160  
APPLICATION FOR VARIANCE AND APPEALS**

Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_ Application# \_\_\_\_\_

**NOTE: This application must be typewritten/legible and copies of the complete application, including all attachments, filed with the Washington CH Building/Zoning Department 30 days prior to meeting date. Meetings are held on the Third Wednesday of each month at 5:30p.m.**

**WITH THIS APPLICATION, THE FOLLOWING MUST ALSO BE SUBMITTED:**

- A) Plans of the proposed site showing the location of all buildings, parking and loading area, traffic circulation, open spaces, landscaping, refuse, service areas, utilities, signs, yards, etc.
- B) A narrative statement explaining the following:
  - 1) Use for which variance/appeal is being sought.
  - 2) Details of the variance/appeal that is being applied for, and the grounds on which it is claimed that the variance or appeal should be granted.
  - 3) The specific reasons why the variance/appeal is justified. What HARDSHIP exists.
- C) Affidavit (attached to Application)
- D) \$25.00 application fee

**APPLICATION FOR:**

- ☐ VARIANCE
- ☐ CONDITIONAL USE
- ☐ EXTENSION OF TIME FOR COMPLETION OF WORK
- ☐ SUBSTITUTION OR EXTENSION OF NONCOMFORMING USES
- ☐ OTHER

PROJECT ADDRESS: \_\_\_\_\_

NAME/ADDRESS/PHONE OF APPLICANT:

\_\_\_\_\_  
\_\_\_\_\_

NAME/ADDRESS/PHONE OF OWNER:

\_\_\_\_\_  
\_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY AS RECORDED IN FAYETTE COUNTY RECORDERS  
OFFICE

\_\_\_\_\_  
\_\_\_\_\_

DESCRIPTION OF EXISTING USE: \_\_\_\_\_

\_\_\_\_\_

PRESENT ZONING DISTRICT: \_\_\_\_\_

DESCRIPTION OF PROPOSED USE: \_\_\_\_\_

\_\_\_\_\_

**I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION,  
TOGETHER WITH ALL ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF  
MY KNOWLEDGE. I HAVE FAMILIARIZED MYSELF WITH ALL APPLICABLE  
SECTIONS OF THE CODIFIED ORDINANCES OF THE CITY OF WASHINGTON CH AND  
WILL COMPLY WITH ALL APPLICABLE REGULATIONS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

### INSTRUCTIONS FOR AFFIDAVIT:

- (1) Name and address of the person who did the research. It is important that the person performing the application information be the person to sign the notarized affidavit.
- (2) Address of the property in the application.
- (3) Must be the date the application is filed with the City of Washington C.H.
- (4) From the real property records located at the Fayette County Administration Building, 133 S. Main Street. Enter the name and address of the owners of the property for which this affidavit is for. (This should be the same as the "Property Owner" shown on the application).
- (5) From the same records as above enter the name and mailing address of the owners of all properties located within 200 feet of the boundaries of the property shown in (2) above. This includes properties across the street and in other municipalities and jurisdictions, if applicable.
- (6) This form must be signed in the presence of a Notary Public.

### AFFIDAVIT

(1) \_\_\_\_\_ being first duly cautioned and sworn,

deposes and states that **HE/ SHE** is the **APPLICANT OR DULY AUTHORIZED**

**ATTORNEY FOR SAME** and the following is a list of the names and mailing addresses

of all the owners of the record of property located (2) \_\_\_\_\_  
Address of Property

\_\_\_\_\_

for which the application for rezoning, variance or special permit was filed for with the  
City of Washington Building/Zoning Department on (3) \_\_\_\_\_, 20 \_\_\_\_\_.

**SUBJECT PROPERTY OWNER'S NAME, MAILING ADDRESS AND PHONE NO.**

(4) \_\_\_\_\_

\_\_\_\_\_

The following is a list of the names and mailing addresses as shown on the County Auditor's current  
tax list or the County Treasurers mailing list, of all the owners of record of property within 200 feet of  
the exterior boundaries of the property for which the application was filed (a second sheet may be  
attached if needed):

(5) PROPERTY OWNERS  
NAME

ADDRESS OF  
PROPERTYMAILING ADDRESS  
OF PROPERTY OWNERZIP  
CODEThis image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**THE INFORMATION CONTAINED IN THIS AFFADIVIT, TOGETHER WITH ANY OR ALL ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Date \_\_\_\_\_

Signature of Affiant

Subscribed and sworn to me in my presence and before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public

My commission expires \_\_\_\_\_