

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
PROPERTY

MAILING ADDRESS
OF PROPERTY OWNER

ZIP
CODE

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 _____