



1454 Rome Corners Road
Galena, Ohio 43021
740-965-2992
www.berkshiretpw.org

Application # _____
Date received _____
Township Fee \$ _____
Make Check Payable to Berkshire Township

Application for a Variance from Berkshire Township Zoning Resolution

Name of applicant _____

Address of applicant _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name of Property owner _____

Address of property owner _____

City _____ State _____ Zip _____

Phone _____ Email _____

Location/address of property _____

Parcel number(s) _____

Current zoning _____ Current use _____ Total acres _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Submittal Requirements. The following must be submitted with the correct application fee:

- 1. Applicant shall include a complete legal description and survey of the property.
- 2. A list of the names and addresses of all property owners, as appearing on the County Auditor’s current tax list, who are within, contiguous to, directly across the street from, and within 200 feet of the perimeter boundaries of the property.
- 3. Description of variance being requested, including the **APPLICABLE SECTION NUMBER(S) OF THE BERKSHIRE TOWNSHIP ZONING RESOLUTION.** Attach additional pages if needed.

4. Any other supporting documentation in regard to this application.

Applicant is required at time of application to supply seven (7) completed application forms signed by the applicant and property owner(s) or a power of attorney and seven (7) copies of all documentation submitted with application.

In considering an application for a variance, the Board of Zoning Appeals shall observe the spirit of this resolution and weigh the competing interests of the applicant and the community. The factors to be considered and weighed in determining whether an applicant has encountered practical difficulties include, but are **NOT LIMITED** to the following: **(Article28, Section 28.04(B))**

1. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance.
2. Whether the variance is substantial.
3. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties or the comprehensive plan for the community would suffer a substantial detriment as a result of the variance.
4. Whether the variance would adversely affect the delivery of government services.
5. Whether the property owner purchased the property with the knowledge of the zoning restriction.
6. Whether the owner`s predicament feasibly can be obviated through some method other than a variance: and
7. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Applicant and property owner(s) certifies that all information contained herein is true and accurate and is submitted to induce the issuance of the requested variance. Applicant agrees to be bound by the provisions of the zoning resolution of Berkshire Township, Delaware County, Ohio.

Applicant: _____ Date: _____

Property owner(s): _____ Date: _____

NOTE: The initial application fee covers **ONE** Zoning Appeals hearing. If additional hearings are requested by the applicant, additional fees will be charged in accordance with the adopted fee schedule and are payable before the next hearing will be scheduled.

Received by: _____ Date: _____