CLINTON COUNTY REGIONAL PLANNING COMMISSION

VARIANCE Application

Application for Variance from the Clinton County **Subdivision Regulations** or the Clinton County **Access Management Regulations**, in accordance with those regulations.

This form is **not** to be used for a Zoning Variance. Please contact Clinton County Building and Zoning (co.clinton.oh.us/bz or 937-382-3335) regarding zoning variances.

Please Print Clearly

Name of Applicant: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____-_____ Email Address: _____

Address of Property for which the Variance is requested: _____

Parcel ID # for which the Variance is requested: _____

Circle the Township in which the property is located:

Adams	Chester	Clark	Green	Jefferson
Liberty	Marion	Richland	Union	Vernon
	Washington	Wayne	Wilson	

CCRPC must receive this application at least **fifteen (15) business days** before a scheduled CCRPC meeting to be considered for review at said meeting. This application is not considered received until it is deemed complete and associated fees (determined by the current Fee Schedule) are paid in full.

Signature of Applicant: _____ **Date:** _____

Signature of Owner (if different): _____ **Date:** _____

Name of Property Owner (if different):

_____

Owner's Address: _____

City: _____ State: ____ Zip Code: _____

Telephone Number: _____-_____

Email Address: _____

Name of Engineer/Surveyor and/or Agent:

_____

Address: _____

City: _____ State: ____ Zip Code: _____

Telephone Number: _____-_____

Email Address: _____

A variance is a modification to the strict terms of the relevant regulations where such modification will not be contrary to the public interest and where, owing to conditions peculiar to the property and not the result of the action of the applicant, a literal enforcement of the Regulations would result in unnecessary and undue hardship or practical difficulty.

From what specific regulation(s) are you seeking a variance? Include the section number, if known.

_____

_____

Why are you unable to comply with the above regulation(s)?

_____

_____

_____

Please detail below how the request complies with the variance review criteria of the Clinton County Subdivision Regulations (§100.11(A)(2)) or Access Management Regulations (§4.02). Attach a map or sketch to illustrate your request, if applicable.

_____

_____

_____

_____

_____

_____

_____

_____

CCRPC Use Only Below

Date Received	_____	Fee Amount	_____
Verified Complete	_____	Date Fees Paid	_____
Case Number	_____	Check Number	_____
RPC Review Date	_____	Paid In to Auditor	_____

The Clinton County Regional Planning Commission reviewed this application at their meeting held on _____ and took the following action: _____.

Follow-up letter sent to Applicant: _____ Notice sent to CCEO & Tax Map: _____