

Spring Valley Village

Board of Zoning Appeals

7 N. Main St., OH 45370 • (937) 862-4485 • FAX (937) 862-4485

BOARD OF ZONING APPEALS APPLICATION

VARIANCE

CONDITIONAL USE

OTHER _____

PART 1. PROPERTY INFORMATION

PROPERTY LOCATION: _____

PROPERTY DESCRIPTION: _____

LEGAL DESCRIPTION OF PROPERTY:

V.M.S.# _____ DEED BOOK _____ PAGE _____

TAX ID:

M40 - BK. _____ PG _____ PARCEL _____

ZONING DISTRICT: _____

EXISTING USE: _____

ADJOINING USES: _____

PART 2. DESCRIPTION OF REQUEST *(use continuation sheet if necessary)*

SECTION(S) OF THE ZONING CODE THIS REQUEST IS RELEVANT: _____

PART 3. PROPERTY OWNER INFORMATION

NAME OF PROPERTY OWNER: _____

STREET ADDRESS OF PROPERTY OWNER: _____

TELEPHONE NUMBER OF PROPERTY OWNER: _____

CITY / STATE / ZIP CODE OF PROPERTY OWNER: _____

FAX NUMBER OF PROPERTY OWNER: _____

PART 4. APPLICANT INFORMATION *(if different from property owner)*

NAME OF APPLICANT / AGENT: _____

STREET ADDRESS OF APPLICANT / AGENT: _____

TELEPHONE NUMBER OF APPLICANT / AGENT: _____

CITY / STATE / ZIP CODE OF APPLICANT / AGENT: _____

FAX NUMBER OF APPLICANT / AGENT: _____

SEE ATTACHMENT FOR APPLICATION REQUIREMENTS AND PLANS SUBMITTAL.

I hereby certify that the information contained in this application and any attachments is true and correct and submit this to the Board of Zoning Appeals for consideration of approval. I acknowledge that my appearance at the Public Hearing is a requirement of this application and failure to appear will result in dismissal of this case and request. In conjunction with this application I hereby consent to the inspection of the subject property by the Village of Spring Valley and its authorized representatives. I agree to reimburse the Village of Spring Valley for expenses incurred by the Village for services of technical consultants to evaluate data required for the approval of this application. I understand the Village must receive this reimbursement before any approval is issued

Signature: _____

Date: _____

PART 5. DEPARTMENTAL USE ONLY

APPLICATION REQUIREMENTS

COMPLETE: YES NO

APPLICATION

REVIEWED BY: _____

REVIEW DATE: _____

FEE: \$ _____

REQUEST / PZC SECTION SUMMARY: _____

RECEIPT #: _____

DATE/PD.: _____

The application will not be processed until proper fee is received.

CASE NUMBER: _____

DATE OF BZA MEETING: _____

BZA DECISION: APPROVAL DENIAL

PERMITS REQ'D: _____