

APPLICATION FOR APPEAL OR VARIANCE

Application No. _____

Date Filed _____

To the Village of Carroll Planning and Zoning Board:

Applications for any appeal or variance on property as shown on the Zoning Map shall be submitted to the Planning and Zoning Board. The application shall contain a minimum of the following information. Attach additional sheets as necessary.

1. The building, structure or premises for which a Conditional Use Permit is requested is as follows:

Address: _____

Lot No. _____ Addition: _____

Parcel No. _____ Current Zoning Classification: _____

2. Name(s) of Property Owner(s) _____

Address of Property Owner(s): _____

Telephone No. _____

3. Name(s) of Occupant(s) of Property: _____

4. Present Use of Property (Include All Uses on Site): _____

5. Proposed Use:

<input type="checkbox"/> New Construction	<input type="checkbox"/> No. of Families _____
<input type="checkbox"/> Remodeling	<input type="checkbox"/> Business _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Manufacturing _____
<input type="checkbox"/> Residence	<input type="checkbox"/> Sign Board – Size _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Other _____

6. Legal Description of Property (as on record in the Fairfield County Recorder's Office): _____

7. List below the names and mailing addresses (as they appear on the current tax list of the records of the Fairfield County Auditor) of all property owners within two hundred (200) feet of, contiguous to and directly across the street from the subject property. If available, also provide the telephone numbers of these property owners.

	<u>Owner's Name</u>	<u>Mailing Address</u>	<u>Telephone Number</u>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____
f)	_____	_____	_____
g)	_____	_____	_____
h)	_____	_____	_____

8. Cite the specific provisions of the Village Zoning Ordinance which are applicable herein: _____

9. Attach to this application all of the following documents:

- a) A plat map showing the property, its location, present use and district, and proposed use and district;
- b) A vicinity map at a scale approved by the Zoning Inspector showing: property lines, streets, existing and proposed zoning, and such other items as the Zoning Inspector may require;

A written narrative detailing the following facts and conditions:

- The unique physical circumstances or conditions of the property, or exceptional topographical or other physical conditions generally created by the Zoning Ordinance in the neighborhood or district where the property is located;
- The reason(s) why the property cannot be developed in strict conformity with the provisions of the Zoning Ordinance, and why a variance is therefore necessary to enable the reasonable use of the property;
- The reason(s) that the current hardships experienced by the applicant have not been created by the applicant;
- The reason(s) that a variance, if granted, will NOT:
 - Alter the essential character of the neighborhood or district in which the property is located;
 - Substantially or permanently impair the appropriate use or development of adjacent property; and,
 - Be detrimental to the public welfare;

■ The reasons that a variance, if granted, will represent both:

- The minimum variance that will afford relief;
- The least modification possible of the regulation in issue.

10. A fee for application processing, as established by the Carroll Village Zoning Board: \$ _____

11. I hereby certify, to the best of my knowledge and belief, that the foregoing statements and all documents attached hereto in support thereof, are true and accurate.

Name of Applicant(s) (Print) _____ Applicant(s) is/are: Owner(s)
_____ Occupant(s)
_____ Owner's Agent
_____ Other _____

Telephone Number of Applicant(s) _____

Witness: _____ X _____ Applicant(s)
_____ (Printed Name) X _____ Owner (s)

TO BE COMPLETED BY PLANNING AND ZONING BOARD

Date of Advertisement: _____

Date of Meeting To Consider Request: _____

Action of Planning and Zoning Board: _____

Date of Action: _____

Authorized Signature