

APPLICATION INSTRUCTIONS FOR A REQUEST OF THE BOARD OF ZONING APPEALS

The applicant for a request of the Board of Zoning Appeals (BZA) must complete the following & return to:

Cedarville Township Zoning Inspector
78 N Main Street
PO Box 13
Cedarville OH 45314

Complete application form as applicable for a Variance, Conditional Use, or Appeal and submit **six copies** of all documents listed:

- Property tax map which shows the property involved in the request of the BZA.
- Site map drawn to a legible scale; detailing information pertinent to the request of the BZA for approval consideration.
- Names and addresses of the owners of all properties within 500 feet of the subject property, as acquired from the Greene County Auditor's office.
- Any other supportive information which you as the applicant believe may be applicable to your BZA request.

Provide a check or money order made payable to Cedarville Township. **This fee is non-refundable, even if the BZA does not approve the request, unless otherwise refunded by the Township Trustees.**

Upon submission of a complete application per the above instructions, you shall be notified when the BZA hearing shall occur. The hearing is held at the Township Trustee Office, located at 78 North Main Street.

An applicant may withdraw a request in writing at any time prior to BZA action thereon.

Failure of an applicant to appear at their scheduled hearing may result in delay of decision or disapproval of their request, per the discretion of the BZA.

APPLICATION FOR CONDITIONAL USE APPROVAL
Board of Zoning Appeals (BZA)
Cedarville Township
Greene County, Ohio

Application No. _____

The undersigned requests conditional use approval from the BZA for the use specified below. Should this application be approved, it is understood by the applicant that approval shall only authorize issuance of a zoning permit for the use specified in this application, contingent on any safeguarding conditions which the BZA may require for approval. If the conditional use approved by the BZA would become discontinued by the applicant for a period of more than six (6) months or for a term otherwise authorized by the BZA, approval of the conditional use would expire and require reauthorization by the BZA upon resubmission by the applicant.

1. Name of Owner _____

Mailing Address _____

Phone Number _____

2. Location of the parcel(s) on which the conditional use is proposed, as listed by the Greene County Auditor Office Tax Map Book and other records which may be applicable as indicated below:

Tax Map Book: Number _____, Page Number _____, Parcel Number _____

(If applicable) Subdivision Plat Name _____, Section No: _____, Lot: _____

3. Location of the parcel(s) described in relation to existing public roads:

The property is located along the _____ side of _____
(North, South, East, West) (Road Name)

being approximately _____ to the _____ of _____
(Distance in Feet) (North, South, East, West) (Public Road or Street Name)

4. Existing Use _____

5. Zoning District _____

6. Conditional Use requested _____

THE UNDERSIGNED, IN BEING THE DULY AUTHORIZED APPLICANT OF THE PROPOSED CONDITIONAL USE, CERTIFY THAT ALL INFORMATION CONTAINED IN THIS COMPLETED APPLICATION AND ITS ATTACHED SUPPLEMENTS IS TRUE AND CORRECT, AS SUBMITTED IN REQUEST FOR BZA APPROVAL IN AUTHORIZATION TO ALLOW A ZONING PERMIT TO BE ISSUED BY THE ZONING ADMINISTRATOR.

Applicant Name: Sign and print

Date