An application for a variance to the Board of Zoning Appeals submitted to the Village of Greenhills Zoning Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements as well as application submittal forms. The checklist together with all required information, original application forms and copies must be submitted in complete and accurate form before the application will be processed by the Zoning Department.

The closing date represents the final day on which an application will be accepted. After the closing date the applicant cannot modify any portion of the information submitted unless specifically requested by the staff or Board of Zoning Appeals. If the application is deficient the case will not be placed on the agenda. Early submission is therefore highly recommended to assure placement on the agenda and adequate time for revisions and corrections.
SUBMISSION REQUIREMENTS
FOR A VARIANCE TO THE
VILLAGE OF GREENHILLS ZONING RESOLUTION

FOR VILLAGE OF GREENHILLS ZONING DEPARTMENT USE ONLY:

CASE # ________________________________ DATE RECEIVED:

1. GENERAL REQUIREMENTS

Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda.

1.1 PRE APPLICATION MEETING (DATE: __/__/___ TIME: ______)

The applicant is to meet with Zoning Department staff to discuss the overall application process before submitting the application packet. Please call (513) 825-2100 for an appointment. Final staff recommendations to the Board of Zoning Appeals about this application will be contained in the staff report.

1.2 SUBMISSION CLOSING DATE DATE: ___/___/____

Prior to submitting the application packet and necessary information, the applicant should revise proposed plans and/or information as advised by the Zoning Department Director. After the closing date, the applicant cannot modify any portion of the information submitted unless specifically requested by the staff or Board of Zoning Appeals. Early submission is recommended to assure placement on the agenda and adequate time for revisions and corrections.

1.3 APPLICATION FEE (MAKE CHECK PAYABLE TO VILLAGE OF GREENHILLS)

An application shall be accompanied by a non-refundable fee to cover the costs of holding the public hearing thereon. Cancellations must be submitted in writing to the Zoning Department Director. There shall be no refund or part thereof once public notice has been given.
2. WRITTEN REQUIREMENTS

2.1 REFUSAL NOTICE/ZONING ORDER (IF APPLICABLE)
Submit one copy of the refusal notice issued by the Village of Greenhills Zoning Department.

2.2 ADJACENT PROPERTY OWNERS FORM
Complete and submit the Adjacent Property Owners form (provided) containing the names, tax mailing addresses and parcel number(s) of all parcels within two hundred (200) feet of the subject site.

2.3 DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE FORM
Complete and submit the Description of Request and Reasons for Variance form (provided).

2.4 VARIANCE APPLICATION FORM
Complete and submit the Variance Application form (provided).

2.5 APPLICANT'S AFFIDAVIT
Complete and submit the Affidavit (provided).

2.5 CHECKLIST OF REQUIREMENTS
Submit this checklist fully completed.
3. GRAPHIC REQUIREMENTS

3.1 PLOT PLAN

Submit eight (8) copies of the plot plan drawn to scale, containing the following information:

A. all existing property lines and parcel numbers for each parcel within the subject site and all property within and contiguous to and directly across the street from the exterior boundary of the subject tract, and the last name of the owners therein;

B. the exact boundaries and dimensions of the subject lot (this must be by actual survey unless waived by the Zoning Department).

C. existing zone district boundaries (shown in dashed lines with heavier line weight than property lines) and zone designations;

D. title, scale and north point (north shall be at the top of the plat);

E. the size and location of all existing and proposed structures;

F. the existing and proposed use of the entire lot and all structures;

G. street names and right-of-way lines with line weight heavier than property lines;

H. stamp and signature of engineer or surveyor (unless waived by the Zoning Department).

3.2 REDUCED PLOT PLAN

Submit seven (7) copies of the plot plan reduced to an 11” X 17” sheet of paper. The information contained on the reduced version of the plan shall be the same as that which is required above.

Signature of person preparing this checklist Date Submitted
(Applicant or Representative)

Printed name of person preparing this checklist
FOR VILLAGE OF GREENHILLS ZONING DEPARTMENT USE ONLY:

CASE # __________ DATE RECEIVED:

FEE RECEIPT # __________ RECEIVED BY: ________________

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT __________________________________________

ADDRESS ________________________________________________

PHONE NO. ____________________________ FAX NO. ____________________________

CITY/STATE/ZIP ____________________________

LOCATION OF PROPERTY (if applicable): SECTION ____ TOWN ____ RANGE ____

PROPERTY ADDRESS __________________________________________

FOR EACH PARCEL WITHIN THE SUBJECT PROPERTY PLEASE PROVIDE:

<table>
<thead>
<tr>
<th>PROPERTY OWNER NAME</th>
<th>PROPERTY OWNER ADDRESS</th>
<th>PARCEL NUMBER</th>
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REQUEST VARIANCE FROM ARTICLE _____ SUBSECTION _____

(MY) (OUR) INTEREST IN THE PROPERTY:

OWNER ______ AGENT ______ LESSEE ______ OPTIONEE _____

APPLICANT ____________________________________________________________

Signature   Address   Phone Number

OWNER(S) ____________________________________________________________

Signature   Address   Phone Number
DESCRIPTION OF REQUEST AND REASONS FOR A ZONING VARIANCE
VILLAGE OF GREENHILLS ZONING DEPARTMENT
11000 Winton Road - Greenhills, Ohio 45218
Telephone: (513) 825-2100

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY

THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)

1) Please describe the requested variance.

2) Can the property yield a reasonable return without a variance? If no, please explain.

3) Can there be any beneficial use of the property without a variance? If no, please explain.

4) Please explain whether you believe the variance requested is or is not substantial and why.
5) Would granting this variance substantially alter the essential character of the neighborhood? If no, please explain.

6) Would granting this variance be detrimental to surrounding property? If no, please explain.

7) Would granting this variance adversely affect the delivery of governmental services? Please explain.

8) Did the property owner purchase the property with knowledge of the zoning restriction? If no, was the property owner aware that zoning existed in Village of Greenhills? If no, please explain.

9) Could other methods besides a variance allow the property to be used as desired? Please explain.
FOR VILLAGE OF GREENHILLS ZONING DEPARTMENT USE ONLY:

CASE# ______________________ DATE RECEIVED: __________________

LIST ALL PROPERTY OWNERS WITHIN TWO HUNDRED (200) FEET OF SUBJECT PROPERTY.

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PROPERTY OWNER'S AFFIDAVIT

STATE OF OHIO  
COUNTY OF HAMILTON

I (we) hereby certify that we are all of the owners of the property which is the subject of this Variance application. We hereby consent to the Board of Zoning Appeals of Village of Greenhills acting on our application. We understand that our application will be considered and processed in accordance with the regulations as set forth by the Village of Greenhills Zoning Department and Zoning Resolution. We agree to accept, fulfill and abide by those regulations and all stipulations and conditions contained in the decision entered by the Board of Zoning Appeals of Village of Greenhills. The statements and attached exhibits are in all respects true and correct to the best of our knowledge and belief.

_____________________   _______________________   _____________________________
Signature

________________________
Printed Name

________________________
Mailing Address

________________________
City and State

________________________
Phone

Subscribed and sworn to before me this ________ day of _____________20___

________________________
Notary Public

Person to be contacted for details, other than signatory:

________________________   _________________________   _________________________
Name                        Address                          Phone