

VILLAGE OF GREENHILLS • HAMILTON COUNTY • OHIO
ZONING DEPARTMENT
11000 Winton Road, Cincinnati, Ohio 45231
TELEPHONE: (513) 825-2100

**SUBMISSION REQUIREMENTS AND INSTRUCTIONS FOR
VARIANCE APPLICATION
TO THE VILLAGE OF GREENHILLS BOARD OF ZONING APPEALS**

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.

_____ 2.2 DESCRIPTION OF REQUEST AND REASONS FOR VARIANCE FORM

Complete and submit the Description of Request and Reasons for Variance form (provided).

_____ 2.3 VARIANCE APPLICATION FORM

Complete and submit the Variance Application form (provided).

_____ 2.4 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
(Applicant or Representative)**

Date Submitted

Printed name of person preparing this checklist

**APPLICATION FOR A ZONING VARIANCE
TO THE BOARD OF ZONING APPEALS
VILLAGE OF GREENHILLS
11000 Winton Road – Greenhills, OH 45218
Telephone: (513) 825-2100**



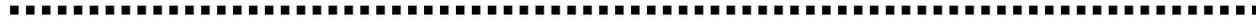
FOR VILLAGE OF GREENHILLS ZONING DEPARTMENT USE ONLY:

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:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	PARCEL NUMBER

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
(CONTINUED)**

- 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.

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