

**Application for Variance to Salem Township Zoning Code**

Filling out this application and paying the fee does not guarantee a variance, it only grants the applicant a hearing by the Township Board of Zoning Appeals. Discussing the matter with the zoning inspector or zoning commissioner is advisable when considering an application for a variance. Variance No. \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Phone # :** \_\_\_\_\_

**Address.** \_\_\_\_\_

ATTACH A LEGAL DESCRIPTION OF PROPERTY FOR WHICH THIS VARIANCE IS SOUGHT

**Property fronts on (roads):** \_\_\_\_\_

**Legal title to said property now stands in the name(s) of:** \_\_\_\_\_

**Property presently zoned for:** \_\_\_\_\_

**Request for variance to Section(s):** \_\_\_\_\_

**Reason for this application: (Add pages if necessary.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Contact Person's Typed or Printed Name

The Application Fee for a Zoning Variance is \$750 which includes costs for a legal advertisement and hearing.

NOTE: This application shall be typewritten and filed in duplicate with the Salem Township Zoning Inspector for presentation to the Salem Township Board of Zoning Appeals. Write on the second page the names and addresses of **all** owners of real property within or contiguous to and directly across the street from the property for which this variance is sought. Information may be obtained at the Warren County Government Building at 406 Justice Drive, Lebanon, OH in the Map Room and the County Treasurer. Submit eight (8) maps marked showing the adjacent property owners as well as the property for which the variance is sought.

**For Office Use Only - Date of filing application with Rural Zoning Appeals:** \_\_\_\_\_

Fee: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Property Owners within or contiguous to and directly across the street from the Property for which this variance is sought:

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

S

Address, City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

S

Address, City, State, Zip: \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name \_\_\_\_\_ Sidwell # \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

List *all* adjacent property owners - Use additional page if necessary

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**For Office Use Only:** Date Legal Ad: \_\_\_\_\_ Date Notices Mailed: \_\_\_\_\_

Date of BZA Public Hearing: \_\_\_\_\_ Allowed \_\_\_\_\_ Denied \_\_\_\_\_ Modified

Remarks: