



**APPLICATION UNDER THE ZONING RESOLUTION
FOR VARIANCE OR CONDITIONAL USES
BUTLER COUNTY BOARD OF ZONING APPEALS**

Butler County Administrative Center
130 High Street, Hamilton, Ohio 45011
Telephone: (513) 887-3204

Commissioners:
Charles R. Furmon
Gregory V. Jolivette
Donald L. Dixon

- This application must be legible and orderly, accompanied by a list of the names and addresses of all owners of property within and contiguous to and directly across the street from such area.
- A letter stating a clear and concise reason why you want a variance and/or conditional use permit, and a clear and accurate description of proposed work or use.
- One official plat and address slip from the Plat Room, which is located on the 3rd floor of the Butler County Administration Center.
- Submit plans, drawn to scale, showing the exact shape dimensions of the lot, buildings and accessory buildings existing within the property.
- A written approval from the Health Dept. which is located at, 301 South Third St. Hamilton Ohio, (513)863-1770.
- A copy of your deed and if applicable, any subdivision restrictions. You can obtain a copy of your deed (and any restrictions) in the Recorders office located on the 2nd floor of the Butler County Administration Center.
- This application must be accompanied by a required payment in the amount of \$500.00 for the purpose of defraying the expenses of this hearing. This fee is non-refundable regardless of whether the variance or conditional use is approved or denied.
- Applicant or a representative must be present to avoid the denial of this application. **Note:** the applicant, owner & abutting landowners will be notified of the hearing, date, time, & location of said hearing.
- The applicant must submit 1 original and 5 copies of all information above.

Property in question Address _____

Name of Applicant: (Please print legibly or type) _____

Address: _____ Phone#(_____) _____

Name of property owner: (if different from applicant) _____

Address: _____ Phone#(_____) _____

To The Board of Zoning Appeals Butler County, Ohio

The undersigned, _____, hereby applies for a _____ of the Butler County Zoning Resolution for permission to under sections _____

in accordance with all documentation hereto filed with said Building and Zoning Administrator, all of which are hereto attached and made a part of this application.

I have made no previous application or appeal under the Zoning Resolution effecting these premises. I hereby state that all above statements & the statements contained in the accompanying documents are true.

Applicant signature

Sworn to and subscribed before me this _____ day of _____ 20____.

Notary Seal:

Notary Public
My commission expires _____