



**APPLICATION UNDER THE ZONING RESOLUTION
FOR VARIANCE OR CONDITIONAL USES
NEW MIAMI BOARD OF ZONING APPEALS**

New Miami Board of Zoning Appeals
130 High Street, Butler County Administration Center
Sixth Floor, Hamilton, Ohio (513) 887-3204

Commissioners:
Charles R. Furmon
Gregory V. Jolivet
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 Records 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 \$250.00 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.*

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 New Miami, Ohio

The undersigned, _____, hereby applies for a _____ of the New Miami Zoning Resolution for permission to

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 _____