

**JEFFERSON TOWNSHIP  
BOARD OF ZONING APPEALS**  
6545 Havens Road, Blacklick, Ohio 43004  
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**APPLICATION FOR VARIANCE**

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_ Phone Number: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*In accordance with the provisions of the Jefferson Township Zoning Resolution, Franklin County, Ohio, I hereby apply to the Board of Zoning Appeals for a Variance for the specified property below.*

--- Please type or print information ---  
--- Please answer the following questions thoroughly and completely ---  
--- If additional space is needed, attach extra sheets ---

**1. Parcel #, address of property, and lot #/subdivision (If applicable). Legal Description of subject property must be attached to the application.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Specify which variance to the Zoning Resolution is being requested.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Compliance Number: \_\_\_\_\_ denied by Zoning Department on \_\_\_\_\_,**

This application involves the following modifications of the Zoning Resolution:

**Page(s) Number(s): \_\_\_\_\_ Article: \_\_\_\_\_ Section(s): \_\_\_\_\_**

**Page(s) Number(s): \_\_\_\_\_ Article: \_\_\_\_\_ Section(s): \_\_\_\_\_**

**Page(s) Number(s): \_\_\_\_\_ Article: \_\_\_\_\_ Section(s): \_\_\_\_\_**

**4. Reason applicant desires Variance:**

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**5. List unusual conditions of subject property, which support need for Variance:**

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**6. What practical difficulties in the use of subject property have been encountered?**

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**7. Subject property is currently being used for:**

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**8. Proposed use of subject property is:**

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**9. Set forth any other additional information pertaining to your requested Variance:**

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**10. Attachments and additional information required:**

- A. Complete and sign application
- B. Eight (8) copies of a site plan (drawn to scale) indicating the site, as it exists, and any changes proposed for the site. This information will include all information regarding any new construction, easements, access, setback requirements, parking areas, and any other information relevant to the request.
- C. One (1) list of property owners within one thousand (1,000) feet of subject property, the address of the property and the mailing address of the property owners. This list must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20<sup>th</sup> floor. (*Fee \$0.75 for each notification*)
- D. One (1) set of mailing labels for each property owner within one thousand (1,000) feet of subject property.
- E. One (1) E-size map showing properties within one thousand (1,000) feet of subject property. This map must be obtained from the Franklin County Auditors Office located at 373 South High Street, Columbus, Ohio 43215 on the 20<sup>th</sup> floor.
- F. All information that pertains to sanitary services and water supply must be provided. This includes the location of any on-site septic system(s) and/or well(s). If services are to be provided by a private or public entity, a letter must be provided verifying that the services exists *and* that the applicant will have access to such services. If an on-site septic system and/or well are proposed, information from the Franklin County Board of Health (or the appropriate agency) must be provided.
- G. Any other information that may be deemed reasonably necessary by the Jefferson Township Zoning Department.
- H. Application filing fee payable to Jefferson Township. (*Fee \$400/Residential; \$600/Commercial*) + *notification*

**11. Statement of Understanding:**

I, \_\_\_\_\_ (applicant/owner/agent) understand that this application must be filed with all pertinent information, as required by the Jefferson Township Zoning Resolution and any other information required by Jefferson Township Zoning Department. I understand that my application will not be filed until all information has been received and that the Jefferson Township Zoning Department reserves the right to delay any request until such information has been received. I have been informed of my right to meet with staff prior to the submission of my application and have either met with staff, through a scheduled appointment, or have waived my right to do so.

*Applicant / Agent Signature:*

Date

**12. Certification:**

*Before completing this application and executing the following certification, it is recommended that the application be discussed with the Staff of the Jefferson Township Zoning Department.*

**APPLICANT'S CERTIFICATION**

I / WE \_\_\_\_\_ certify that I am / We are the owner(s) of land included in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly to the best of my / our ability present the arguments in behalf of the application herewith submitted and that the statements and attached exhibits above referred to are in all respects true and correct to the best of my / our knowledge and belief.

***Signature of Property Owner:*** \_\_\_\_\_ **Please Print:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_ Cell #: (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

***Signature of Applicant:*** \_\_\_\_\_ **Please Print:** \_\_\_\_\_

*(If different than property owner)*

Mailing Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone #: (        ) \_\_\_\_\_ Cell # (        ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_