

**Milton Township, Ashland County, Ohio**  
**APPLICATION FOR VARIANCE**  
**BOARD OF ZONING APPEALS**

Name of Applicant \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Business or cell \_\_\_\_\_

1. Legal Description of Property

Plot Map Section Identification Number \_\_\_\_\_ Plot Map Identification Number \_\_\_\_\_

Tax Parcel Identification Number G220 \_\_\_\_\_ (obtained from [www.ashlandcoauditor.org](http://www.ashlandcoauditor.org))

Section \_\_\_\_\_ Acreage of property \_\_\_\_\_

Subdivision Name (if applicable) \_\_\_\_\_

2. Property Presently Zoned As \_\_\_\_\_

3. Existing Use of the lot \_\_\_\_\_

4. Nature of Variance \_\_\_\_\_

\_\_\_\_\_

In addition, plans drawn to scale (**indicating north**) must accompany this application, showing dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, and any natural or topographical peculiarities of the lot in question, parking and loading areas, traffic access and circulation drives, open spaces, landscaping, utilities (including gas, electric, water and septic), signs, yards and refuse and service areas.

5. Justification of variance: In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true: (**Please attach these comments on a separate sheet.**)

- a. Special Conditions exist peculiar to the land or building in question
- b. That a literal interpretation of the ordinance would deprive the applicant of rights enjoyed by other property owners
- c. That the special conditions do not result from previous actions of the applicant
- d. That the requested variance is the minimum variance that will allow a reasonable use of the land or buildings

I certify that the information contained in this application and its supplements is true and correct.

Date \_\_\_\_\_

Applicant Name – Print \_\_\_\_\_

Applicant Name – Signature \_\_\_\_\_

Date Received by Zoning Inspector \_\_\_\_\_

Zoning Inspector – Signature \_\_\_\_\_

Date Received by the BZA Secretary \_\_\_\_\_

BZA Secretary – Signature \_\_\_\_\_

Revised 2/09