

**APPLICATION FOR VARIANCE  
VILLAGE OF JACKSON CENTER  
BOARD OF ZONING APPEALS  
SHELBY COUNTY, OHIO**

Application No.: \_\_\_\_\_

1. **Name of Owner** \_\_\_\_\_

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

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

2. **Locational Description:**

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_  
(If not in a platted subdivision, attach a legal description)

Street Name and Number \_\_\_\_\_

3. **Nature of Variance** (Describe generally the nature of the variance.)

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

In addition, plans in triplicate and drawn to scale 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 topographic peculiarities of the lot in question.

4. **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 Zoning Regulations 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; and
- 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.

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**FOR OFFICIAL USE ONLY**

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**Date Filed:** \_\_\_\_\_ **Date of Notice to Parties in Interest:** \_\_\_\_\_

**Date of Notice in Newspaper:** \_\_\_\_\_ **Date of Public Hearing:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

**Decision of Board of Zoning Appeals:** Approved \_\_\_\_\_ Denied \_\_\_\_\_

**If Approved,** the following conditions and safeguards were prescribed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**If Denied,** reason for denial:

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Date \_\_\_\_\_

\_\_\_\_\_  
Board of Zoning Appeals Chairman

**Note:** One (1) copy to be filed with the Zoning Enforcement Officer and two (2) copies with the Board of Zoning Appeals.