



Board of Zoning Appeals – Variance Application

Case #: _____ Fee: \$ 200 Paid

The City of Urbana | Department of Zoning and Compliance
205 South Main Street, Urbana, Ohio 43078 | ZoningandCompliance@ci.urbana.oh.us | (937) 652-4325 | www.urbanaohio.com

Applicant Information

Full Name: _____ Property: Owner Tenant Agent
Address: _____
(street address) (city) (state) (zip code)
Phone: _____ Email: _____

Property Information

Property Address: _____
(street address) (city) (state) (zip code)
Parcel ID: _____ Current Zoning District: _____
Subdivision: _____ Lot Number: _____
Overlay District: _____ Current Use: _____

Project/Proposal General Information

Variance Requested from Chapter: _____ Required by Code: _____
Description of Variance: _____
Request by Applicant: _____

Findings of Fact

No such variance of the provisions or requirements of this Zoning Code shall be authorized by the Board unless the Board finds ALL of the following facts and conditions.

THAT EXCEPTIONAL CIRCUMSTANCES EXIST

Please explain the exceptional or unusual situation or conditions of the property that do not apply generally to other properties within the same zoning district that prevent compliance from the applicable code section:

THAT PROPERTY RIGHTS OF OTHERS IN THE SAME ZONING DISTRICT WOULD BE PRESERVED

Please explain how substantial property rights, which are possessed by other properties in the same zoning district and same vicinity, would be violated without such variance.

ABSENCE OF DETRIMENT TO NEIGHBORHOOD, ADJACENT PROPERTIES, ZONING CODE OR PUBLIC INTEREST

Please explain how this variance would not affect the essential character of the neighborhood, cause substantial detriment to adjacent property owners, or materially impair the purpose of the zoning code or public interest.

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THAT THE REQUESTED VARIANCE IS NOT OF GENERAL NATURE

Is the condition or situation causing the need for a variance also present at other properties in the same zoning district or vicinity that might warrant the need for an update to the zoning code to address the specific condition or situation?

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Applicant Affidavit

I certify that I have the authority to file this application, have read the application in its entirety, and that all information and attachments are true and correct to the best of my knowledge. I understand that submittal of an application does not constitute acceptance for processing until the Planning & Zoning Department reviews that application for accuracy and completeness.

Applicant Signature: _____ Date: _____

Board of Zoning Appeals Supplemental Information



Application Checklist

Review and complete the applicant column prior to application submittal.

Applicant	Meeting Date	Staff
<input type="checkbox"/>	One (1) completed and signed application	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the property's legal deed and description	<input type="checkbox"/>
<input type="checkbox"/>	\$200 Application Fee	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the site plan with accurate dimensions of the property, existing buildings, proposed buildings, setback distances from lot lines, parking spaces and adjacent public right-of-way, the location of all vehicular access points, the location and number of off-street parking spaces, proposed or existing signage, and/or any other applicable information as required by the Zoning Department.	<input type="checkbox"/>
<input type="checkbox"/>	One (1) copy of the property card (can be obtained from the Champaign County Auditor's website)	<input type="checkbox"/>
N/A	Floodplain Firmette	<input type="checkbox"/>
N/A	Zoning Map clearly indicating the property's zoning classification	<input type="checkbox"/>
N/A	Applicable Code Section	<input type="checkbox"/>
N/A	Mailing labels with the names and tax mailing addresses of all property owners located within 200 feet of the subject property.	<input type="checkbox"/>