

# VARIANCE APPLICATION DELAWARE COUNTY, OHIO

(for unincorporated areas only)

Note: All required items below shall be answered completely in order for your request to be processed.

**PROJECT NAME:** \_\_\_\_\_ Sec. \_\_\_\_ Phase: \_\_\_\_ Part: \_\_\_\_

**NAME & ADDRESS OF CURRENT PROPERTY OWNER**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**NAME & ADDRESS OF CONTACT PERSON, AND/OR SURVEYOR/ENGINEER**

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**LOCATION**

Township: \_\_\_\_\_ Farm Lot \_\_\_\_ Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ VMS \_\_\_\_ USML \_\_\_\_  
and described as:

N S E W side of \_\_\_\_\_ Road/Street,  
about \_\_\_\_\_ feet N S E W of \_\_\_\_\_ Road/Street.

Number of Lots \_\_\_\_\_, Acres \_\_\_\_\_

**VARIANCE MUST SHOW THE FOLLOWING, IN WRITING** (Per Sub. Regs. Section 209.02)

1. The granting of this variance request shall not be detrimental to the public health, safety and welfare and not injurious to other parties.
2. The conditions, upon which this variance request is based, are unique to the property for which this variance is sought.
3. Due to the physical surroundings, shape, or characteristics of the property, a particular hardship to the owner would result, as distinguished from a mere inconvenience, if the strict letter of the Delaware County Subdivision Regulations were carried out.
4. The granting of this variance will not vary the provisions of the application of the applicable zoning regulations, comprehensive plans, or other existing development guidelines and regulations, nor shall it otherwise impair the intent and purpose of these regulations, or the desirable development of the neighborhood and community.

**ACKNOWLEDGMENTS** (per Sub. Regs. Section 201.01)

5. \_\_\_\_ - Required Written Response(s), quote Section Number of Sub. Regs.
6. \_\_\_\_ - One (1) copy of Sketch Plan (max. 11" x 17")
7. \_\_\_\_ - Required Fee (refer to Fee Schedule) \$ \_\_\_\_\_

\_\_\_\_\_  
Owner (or agent for owner) and Date

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**For Office Use Only**

Date Received: \_\_\_\_\_ Site Review: \_\_\_\_\_ Comments Sent: \_\_\_\_\_  
Comments: \_\_\_\_\_