

## **VARIANCE APPLICATION**

City of Cheviot 3814 Harrison Avenue Cheviot OH 45211 www.cheviot.org 513-661-2700

<b>Applicant</b> (Attach a Letter of Ager	ncy if the Applicant is not the property owner)	
Name		_
Mailing Address		
Phone No	Email	
Owner		
Name		_
Mailing Address		
Phone No	Email	
Tax Parcel ID:	Zoning District:	
<ul> <li>Variance Application Requirement</li> <li>Site Plan – please provide</li> <li>Narrative statements estatement</li> <li>please provide 7 copies</li> </ul>	e 7 copies ablishing and substantiating the justification for the varia	nces (see next page)
	rs within 200 feet of any part of the property on which the addresses and parcel numbers.	variance is
<b>Note</b> : Approved variances that are	e not acted upon within 12 months shall be considered vo	oid.
Applicant's Signature	Date	

## **Description of Request and Reasons for a Zoning Variance**

THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)

A practical difficulty exists whenever a zoning standard unreasonably deprives a landowner of a permitted use of their property. All of the factors set forth in this section do not need to be satisfied; rather, they will be weighed together in the analysis of the variance request.

1.	Describe the request for variance.
2.	Can the property yield a reasonable return without a variance? Please explain.
3.	Can there be any beneficial use of the property without a variance? Please explain.
4.	Please explain whether you believe the variance requested is or is not substantial and why.
5.	Would granting the variance substantially alter the essential character of the neighborhood? Please explain.
6.	Would granting the variance be detrimental to surrounding property? Please explain.
7.	Would the variance adversely affect the delivery of governmental services such as water, sewer, and trash pickup? Please explain.
8.	Did the property owner purchase the property with knowledge of the zoning restrictions? Please explain.