

VIENNA TOWNSHIP ZONING BOARD OF APPEALS APPLICATION

I. PROPERTY INFORMATION		
Address or Parcel Number:		Site Plan Included: Y N <i>(Please Include some form of site plan)</i>
Description of General Location:		
Current Zoning:	Lot Size:	Current Use:
Requesting: <input type="checkbox"/> Variance <input type="checkbox"/> Interpretation <input type="checkbox"/> Administrative Appeal		
Type of Variance(s): <input type="checkbox"/> Setbacks <input type="checkbox"/> Signage <input type="checkbox"/> Parking <input type="checkbox"/> Other (Describe Below)		
Reason / Description of Request:		

II. APPLICANT INFORMATION			
Name:		Phone:	
Mailing Address:	City:	State:	Zip:

III. PROPERTY OWNER INFORMATION <i>(if different from applicant)</i>			
Owner Name:		Owner Phone:	
Owner Address:	City:	State:	Zip:

IV. CHECKLIST <i>(Please answer each question to the best of your ability & explain your answer on next page)</i>	
1. Special or unique conditions and circumstances exist which are not generally applicable to other lands, structures, or buildings in the same district.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district; and that the variance is the minimum necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The special conditions and circumstances do not result from the actions of the applicant.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The granting of the variance will be in harmony with the general purpose and intent of this ordinance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The variance will not be injurious to the neighborhood or otherwise detrimental to the general welfare.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. The spirit of this ordinance shall be observed, public safety secured and substantial justice done.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby affirm that the information provided for this hearing is accurate to the best of my knowledge.

Applicant Signature	Date	Applicant Name Printed

Owner Signature	Date	Owner Name Printed

OPTIONAL: By signing below, I hereby grant permission for Vienna Township Officials and/or Zoning Board of Appeals Members to enter my property for on-site inspection related to this application. *(Failure to grant permission will not affect any decision on your application)*

Owner Signature	Date

Office Use Only:	Fees Paid: Y N	Amount Paid: _____	Date Paid: _____	Hearing Date: _____
Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Determination: _____				
Vienna Township ZBA Signature	Date	Vienna Township ZBA Name Printed		

V. PLEASE EXPLAIN YOUR ANSWERS FROM THE CHECKLIST IN SECTION IV. (NON-USE / DIMENSIONAL)

1. Special or unique conditions and circumstances exist which are not generally applicable to other lands, structures, or buildings in the same district.

2. The provisions of this ordinance would deprive the applicant of rights commonly enjoyed by other properties in the same district; and that the variance is the minimum necessary.

3. The special conditions and circumstances do not result from the actions of the applicant.

4. The granting of the variance will be in harmony with the general purpose and intent of this ordinance.

5. The variance will not be injurious to the neighborhood or otherwise detrimental to the general welfare.

6. The spirit of this ordinance shall be observed, public safety secured and substantial justice done.

A drawing of the site/property must be included with the application showing any pertinent details and dimensions necessary.