

Athens Township

Athens County, Ohio

APPLICATION FOR APPROVAL OF SIMILAR USE

Athens Township Zoning Resolution §6.02 (1) and §6.03

Athens Township Zoning Resolution §6.03 "...Within each zoning district established by the Zoning Code and amendments thereto, uses of land or structures, which are compatible with each other, are permitted in the district. To the extent that new types of uses are created and are not addressed by this Zoning Code, this Section provides the procedure by which the Board of Zoning Appeals may make a determination that a new use is similar to a use permitted in a district..."

A **NON-REFUNDABLE** application fee of **one hundred fifty dollars (\$150.00)** is required to defray the cost of legal advertising, mailing of notification to affected adjacent property owners, and other expenses incurred by Athens Township in the administration of the request.

Subject Address/Parcel ID #(s): _____

Owner Name: _____

Owner Address: _____
Street City State Zip code

Phone: () _____ e-mail: _____

Applicant/Lessee Name (if different than Owner): _____

Applicant/Lessee Address: _____
Street City State Zip code

Phone: () _____ e-mail: _____

Zoning district: (check one) R-1 R-2 R-3 B-1 B-2 LLR

Description of proposed use: _____

APPLICATIONS FOR SIMILAR USE MUST CONTAIN THE FOLLOWING INFORMATION:

- 1. Signed and Completed Application, including all information required below.
- 2. A written statement addressing the following findings required by the Board of Appeals:
 - a. Confirmation that the proposed use is not listed as a permitted use in any other district.
 - b. An explanation of how the proposed use conforms to and is consistent with the purpose statement of the proposed district more appropriately than in any other district
 - c. An explanation of how the proposed use is of the same general character as the permitted uses in the district to which it is proposed or is similar to a specific use permitted in that district.
- 3. **NON-REFUNDABLE** application fee of one hundred fifty dollars (\$150.00).

**RETURN APPLICATIONS TO THE OFFICE OF THE ATHENS TOWNSHIP BOARD OF TRUSTEES,
313 W. UNION STREET, ATHENS, OHIO 45701**

By my signature I hereby certify that the facts, statements, and information presented within this application and any documents attached hereto are accurate, true, and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application may result in the application being delayed or not presented to the Board of Appeals. I hereby certify that I have read and fully understand all the information required in this application and all applicable requirements of the Athens Township Zoning Resolution.

Property Owner: _____
Signature Printed Name Date

Applicant/Lessee: _____
(if other than Owner) Signature Printed Name Date

FOR OFFICIAL USE ONLY

Application No: _____

Date received by Zoning Inspector/Trustees: _____

Date of Board of Appeals hearing publication in newspaper: _____

Date notice sent to affected property owners: _____

Date of Board of Appeals Public Hearing: _____

Date of Board of Appeals decision: _____

Date of Owner or Lessee appeal to Athens County Court of Common Pleas (if applicable): _____

Date of filing with Athens County Recorder: _____

Zoning Inspector's Signature

Date