

COSHOCTON COUNTY REGIONAL PLANNING COMMISSION

401 1/2 MAIN STREET ♦ COSHOCTON, OHIO 43812

740.622.7776 ♦ FAX: 740.622.4917

WWW.CO.COSHOCTON.OH.US

Application for a Subdivision Variance

Please submit this form with the \$150.00 Variance Request Fee to the Coshocton County Regional Planning Commission office.

Name of Agent/Surveyor: _____ Phone: _____

Name of Property Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Location Description:

Nature of Variance Requested:

Justification of Variance: Please provide a statement explaining why the variance from the requirements of the Subdivision Regulations is being requested. Please provide an explanation of the following:

- a. Exceptional topographical or other conditions specific to this parcel of land.
- b. Why a literal interpretation of the regulations would deprive the application of rights enjoyed by other property owners.
- c. That the specific conditions do not result from previous actions of the applicant.
- d. That the requested variance is the minimum variance that will allow a reasonable division of land.
- e. A sketch of the area showing the location and characteristics of the requested variance.

Request: Granted: _____ Granted with Conditions: _____ Tabled: _____ Denied: _____

Signature: _____ Date of Action: _____