



COSHOCOTON COUNTY REGIONAL PLANNING COMMISSION

23194 CR 621 ★ COSHOCTON ★ OHIO ★ 43812

PHONE: (740) 622-7776 FAX: (740) 623-6512

CountyPlanning@coshocotonty.net

www.Coshocotonty.net

Application for a Subdivision Variance

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

Name of Agent/Surveyor: _____ Phone: _____

Name of Property Owner: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Location Description:

Nature of Variance Requested:

Examples: required road frontage, acreage, width to depth, land-use

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.

Applicant Signature: _____ Date : _____

(CCRPC use only) Request: Granted: ____ Granted with Conditions: ____ Tabled: ____ Denied: ____ Date of Action: _____