



COSHOCOTON COUNTY
REGIONAL PLANNING COMMISSION
349 MAIN ST., 2ND FL. ★ COSHOCTON ★ OHIO ★ 43812
PHONE: (740) 622-7776 FAX: (740) 623-6512

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: _____ Phone: _____

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

Email-Property Owner _____ Email-Agent _____

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:

- Exceptional topographical or other conditions specific to this parcel of land.
- Why a literal interpretation of the regulations would deprive the application of rights enjoyed by other property owners.
- That the specific conditions do not result from previous actions of the applicant.
- That the requested variance is the minimum variance that will allow a reasonable division of land.
- 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: _____