

Application No. \_\_\_\_\_

CHESTERFIELD TOWNSHIP BOARD OF APPEALS  
APPEAL OR VARIANCE APPLICATION

This application form must be accompanied with a \$40.00 check, made payable to the Chesterfield Township Trustees.

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: Business \_\_\_\_\_ Home \_\_\_\_\_

Location Description: Township \_\_\_\_\_ Section \_\_\_\_\_  
(Submit a Map of the Location)

I hereby appeal to the Board of Zoning Appeals the refusal of a zoning certificate by the Chesterfield Township Zoning Inspector for the reason that:

*(check one)*

\_\_\_\_\_ There was the following error in said decision. (Appeal)

\_\_\_\_\_ A variance should be allowed in this case, to avoid unnecessary hardship.

Justification of Variance:

In order for a variance to be granted, the applicant must prove to the Board of Zoning Appeals that the following items are true:

(Please attach these comments on a separate sheet.)

- a. special conditions exist peculiar to the land or building in question
- b. that a literal interpretation of the resolution would deprive the applicant of rights enjoyed by other property owners
- c. that the special conditions do not result from previous actions of the applicant
- d. that the requested variance is the minimum variance that will allow a reasonable use of the land or buildings

(Decision of Board of Zoning Appeals – Within 30 Days After Case is Submitted)

----- (for office use) -----

Date: \_\_\_\_\_ Appellant: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Date of Application to Parties of Interest: \_\_\_\_\_

Date in Newspaper of General Circulation: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Attest: \_\_\_\_\_

Secretary

Chairman, Board of Zoning Appeals