

**Madison Township Board of Zoning Appeals**  
**Nonconformance Application**  
Licking County, Ohio

In accordance with the provisions of the Zoning Resolution of Madison Township, Licking County, Ohio. I hereby apply to the Madison Township Board of Zoning Appeals for a Nonconformance Hearing.

In compliance with Ohio Revised Code 519.19 - Nonconforming use of buildings and land not affected by zoning.

And in keeping with the Article 6 - Nonconforming Uses or Buildings and Article 23 - Board of Zoning Appeals of the Madison Township Zoning Resolution.

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

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

Phone Number: (home) \_\_\_\_\_ (other) \_\_\_\_\_

If you are not the property owner, state your interest: \_\_\_\_\_

Location Description:  
Address of Property \_\_\_\_\_

Subdivision Name (if any) \_\_\_\_\_

Existing zoning designation of the subject property: \_\_\_\_\_

What, or how is the property currently being used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the exact nature of the nonconformance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(You may attach additional pages, sketches or photos)

**Nonconformance Application**

You are applying for relief or change in the following way(s):

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(you may attach additional pages, sketches or photos)

**The relief or change to the nonconformance is best described as a (choose any that apply):**

Completion      Restoration      Reconstruction      Extension      Substitution

If the requested relief is approved, will the Nonconformance still exist? **Yes or No**

If yes, how will the Nonconformance still exist: \_\_\_\_\_

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(you may attach additional sheets)

## Nonconformance Application

### Supporting Information Required:

Plans drawn to scale, preferably 8 ½ inches by 11 inches but no larger than 11 inches by 17 inches, must accompany this application showing dimensions and shape of lot, the size and locations of existing structures and other information as required.

Provide a list of all adjoining property owners with their complete names and mailing addresses in accordance with the Licking County Auditor's current tax list. Typed or legible handwriting on form provided. This includes adjoining property owners on all sides, including across the road or street from the property and right-of-ways that may have been provided to other individuals.

If the applicant is not the property owner, a letter from the property owners must be included with the property owners approval of the relief or change.

### The applicant is hereby inform of the following:

1. Adjoining property owners shall be notified by 1st class mail.
2. The BZA may set forth conditions and safeguards on the approval of the Nonconformance.
3. The applicant has been advised to read ORC 519.19 and Articles 6 & 23 of the Madison Township Zoning Resolution.
4. The BZA may approve or deny the application as requested by the applicant. Or the BZA may approve or deny individual parts of the application as requested by the applicant.

A completed application and application fee of \$\_\_\_\_.00 must be received. Payment is non-refundable. Payment is preferred by check payable to Madison Township.

**Submittal of this application does not imply nor guarantee approval by the Madison Board of Zoning Appeals. Approval or denial of any application is at the sole discretion of the Madison Board of Zoning Appeals. It is recommended that the applicant or a representative for the applicant be present at the scheduled public hearing.**

**I certify that the above information contained in this application and its supporting documents are true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

When complete, Please return to:

Roy Whisner, Madison Township Zoning Inspector  
Phone: 740-618-3820  
Email: madisonzoning@gmail.com