

Madison Township Board of Zoning Appeals
Application for Home Occupation
 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 Home Occupation a conditional use in accordance with zoning resolution applicable to the subject property.

Home Occupation: Any use customarily conducted entirely within a dwelling and carried on by the inhabitants thereof, which use is clearly incidental and secondary to the use of the dwelling for dwelling purposes and does not change character thereof.

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 not in a platted subdivision attach a legal description of the property or a copy of the deed)

Existing zoning designation of the subject property: _____

Existing use of the subject property: _____

Purpose or reason for the home occupation: (may be attached separately) _____

Application for Home Occupation

Supporting Information Required: Attach plans for the proposed home occupation showing the locations of building(s), parking, loading areas, traffic access and circulation drives, open spaces, landscaping, utilities, signs, yards, refuse and service areas and etc. Also, attach a narrative statement relative to the above requirements.

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.

Attach a statement explaining the economic, traffic and other effects to adjoining property and the general compatibility with adjacent and other properties in the district.

Attach a statement explaining compliance with Article 13 of the zoning resolution. Also included a copy of Article 13 signed and dated by applicant and property owner to attest to the article.

If the applicant is not the property owner, a letter from the property owners must be included with the property owners approval of the Home Occupation.

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.

PLEASE NOTE: Failure to accurately complete the above will result in return of the variance application for completion or may result in denial of the Home Occupation-Conditional use.

A non-refundable application fee of \$____.00 is required to help cover costs of the variance. Payment is preferred by check payable to Madison Township.

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

I certify that the 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

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List all adjoining property owners with their complete names and mailing addresses. 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 individuals.

PLEASE NOTE: Failure to accurately list all adjoining property owners may result in the return of the Home Occupation-Conditional Use for completion or denial of the Home Occupation-Conditional Use.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Attach additional pages if needed.

When complete, please return to:

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