



# Monroe Township

## Special Variance Waiver Request

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

**Applicant Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Property Owner Information:** (Complete only if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Parcel ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Special Variance Waiver Information:**

Address where special variance is being sought: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ Estimated time required for the special variance: \_\_\_\_\_

**Please submit all the following information:**

1. A legal description of the property in question.
2. A detailed explanation of why a special variance is necessary on this property.
3. A detailed sketch plan of the property indicating present conditions and areas where the proposed special variance(s) will be utilized. As part of this plan list lot dimensions, property lines, building/structure sizes, and all natural features.
4. The proposed use of any new building/structures, etc.

All information required for submission of an application as indicated above has been provided. I certify that I have read and do understand the procedures for Monroe Township, Clermont County, Bethel, Ohio.

\_\_\_\_\_  
Signature of applicant or property owner

\_\_\_\_\_  
Zoning Inspector Approval Signature

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