

**Application for an Administrative Waiver**

Community Development and Revitalization Department  
260 S. Garber Drive, Tipp City, Ohio 45371  
Phone: 937-667-6305  
[www.tippcityohio.gov](http://www.tippcityohio.gov)

**For Staff Use Only**

Submittal Date:

Date Application Determined Complete:

Fee Paid:

Receipt #:

Staff Initials:

Case/Permit Number:

**Administrative Waiver Information**

1. An application for an administrative waiver is reviewed and decided upon by staff. The administrative waiver procedure and criteria are established in Section 154.03(L) of the Tipp City Zoning Code.
2. Staff may only approve up to a 10% waiver of a dimensional standard. Any request that exceeds 10% must be reviewed as a variance. Administrative waivers may not be requested for minimum lot area or lot width requirements.
3. Approval of an administrative waiver does not guarantee any other approvals (e.g., site plan or zoning permit reviews). The applicant shall be responsible for applying for any other necessary permits or reviews.

**Basic Information**

Project Address:

Miami County Tax Parcel ID:

Existing Zoning District:

Describe the Existing Use of the Property:

What standard (with section references) are you requesting a waiver for and what is the amount of waiver you are requesting (in feet or percentage)?

Why is a waiver of the existing standard necessary for your project? Please address the review criteria in Section 154.03(L)(5) to the best of your abilities.

**Applicant Information**

Applicant Name:

Contact Person:

Contact Address:

Contact Phone Number:

Contact E-Mail:

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| Case/Permit Number:  |
| <b>Signature</b>   |
| I certify that, to the best of my knowledge, the information contained in this form and within any attachments is correct and truthful. Furthermore, I certify that I am the property owner or a duly authorized agent of the property owner for this application. I understand that knowingly falsifying this information may be grounds for the denial or revoking of this application and any subsequent review applications. |
| Print Name:  |
| Signature:   |
| Date:  |

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| <b>Administrative Waiver Decision - For Staff Use Only</b>                                 |
| The signature below authorizes only the work that was approved as part of this application |
| Signature  |
| Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied                |
| Date of Approval:  |
| Expiration Date (if applicable):   |
| Comments:  |
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| <b>Administrative Waiver Submittal Requirement Checklist</b> |   |
|--|---|
| <input type="checkbox"/>                                     | A scaled site plan or drawing, as applicable, showing the location and dimensions of all existing and proposed driveways, sidewalks, buildings, and other structures. Such plan or drawing shall highlight the dimension where the applicant is seeking a waiver and the proposed dimension to be used. |