



## Application for Alternative Equivalent Compliance

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:

Reviewing Board:  Planning Board  Restoration Board

Date of Review Meeting:

Fee Paid:  Receipt #:

Staff Initials:

Case/Permit Number:

### Alternative Equivalent Compliance Information

1. An application for alternative equivalent compliance must be reviewed by either the Planning Board and/or Restoration Board. The Restoration Board reviews the application if the alternative standard is for a requirement in the RA District. The Planning Board reviews all other applications.
2. The alternative equivalent compliance procedure and criteria are established in Section 154.03(G) of the Tipp City Zoning Code.
3. Approval of an alternative equivalent compliance application 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.
4. The application fee for an alternative equivalent compliance is due at the time the application is submitted.

### Basic Information

Project Address:

Miami County Tax Parcel ID:

Existing Zoning District:

Describe the Existing Use of the Property:

If the application includes multiple properties, the applicant may include a separate sheet identifying all of the properties that are part of this application, including each property's address, tax ID number, existing zoning, and existing land use.

### Applicant Information

Applicant Name:

Contact Person:

Contact Address:

Contact Phone Number:

Contact E-Mail:

The applicant may attach a separate sheet of a paper with contact information for additional people, if necessary (e.g., additional owners, registered engineer, landscape architect, etc.).

### Additional Project Information

#### 1) What standard (with section references) are you proposing an alternative method of compliance?

Case/Permit Number:

**Additional Project Information**

**2) Explain how the proposed alternative achieves or exceeds the intent of the subject zoning or historic standard or guideline? Address the review criteria in Section 154.03(G)(5) the maximum extent feasible.**

**Signature**

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:

**For Staff Use Only**

Board Action:

Date of Approval:

**Alternative Equivalent Compliance Submittal Requirement Checklist**

<input type="checkbox"/>	This application and any related submittal information must be submitted in conjunction with a site plan review and/or certificate of appropriateness application, depending on the standard where alternative compliance is proposed
<input type="checkbox"/>	Provide any plans, maps, exhibits, photos, and supplemental information necessary for consideration of the applicant's case
<input type="checkbox"/>	Any additional information determined to be necessary by the Zoning Administrator