



**APPLICATION TO APPEAR BEFORE THE
THE BOARD OF ZONING APPEALS**

Application#:	Fee:	Date:
---------------	------	-------

(SUBMIT ONE APPLICATION FOR EACH BUILDING, STRUCTURE, LOT)

Project Address: _____ Parcel #: _____ - _____ - _____

Location, Landmarks, etc: _____

Project Name and Description of Building (store, church, residence, etc.): _____ Phone: _____

Email: _____

BUSINESS BEFORE THE BOARD

Description of work: _____

Variance Requesting: (Be Specific) _____

List the Codified Ordinance Number for which a variance is requested: _____

Signage Information: Type of Sign: _____ Height: _____ Width: _____

Square Footage: _____ Setback from Street: _____ Setback From Building: _____

Closest Other Sign: _____ Total Number of Signs on Property: _____ Number of Faces: _____

Lot Information: Zoning District: _____ Lot Size: _____ Percent of Lot Covered by Building: _____

Number of Parking Spaces required: _____ Number of Parking Spaces provided: _____

Building Information: Estimated Cost of Project: \$ _____

Square Footage of Enclosed Building Space: _____ Number of Dwelling Units Proposed: _____

Building Setbacks: From Street: _____ Side Yards: (R) _____ (L) _____ Rear Property Line: _____

Required Setbacks: From Street: _____ Side Yards: (R) _____ (L) _____ Rear Property Line: _____

Property Owners Name: _____

Property Owners Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Applicant's Name: _____

Name of Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____ Fax: _____ E-Mail: _____

Applicant's Signature: _____ Date: _____

All fees must be in the form of a company check, money order, or bank card.
We do not accept cash, or personal check

19700 Miles Road
Warrensville Heights, Ohio 44128
Phone: (216) 587-1230 Fax: (216) 587- 1257

The Board of Zoning Appeals meets the last Tuesday of each Month at 7:00 P.M in the Council Chambers of City Hall, located at 4301 Warrensville Center Road

CHECK LIST

NOTE: The completed application, cover letter and any other materials equals ONE set

The following information should be included with this submission. Without these materials, the application will be viewed as incomplete and will not be acted upon.

() Cover letter and completed application form. (Cover letter must state hardship for variance request)

() Ten sets of preliminary plans, 11"X 17" or smaller, showing heights, location and arrangement of proposed building or structure size; Include setbacks to property lines and existing buildings. All right-of- ways and easements shall be shown.

() Architect rendering, showing front, side, & rear elevations if applicable () Construction material, if applicable

() Landscaping layout, buffer areas, proposed parking, parking requirements per code, if applicable () Fencing, signs, and outdoor lighting facilities if applicable

() All buildings, streets, streams and major physical features within 100 feet of the site

Topographical map (new building)

Site plan

Public hearing required? () Yes (Add \$ 160.00 to fee)

Professional Service? (Engineering) () Yes (Add \$500.00 deposit)

Application Fee: \$100.00 \$ _____

Public Hearing Fee: \$160.00 \$ _____

Professional Service Fee: \$500.00 \$ _____

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

(The following information must be included with this submitter. (Please check all that apply)

- () Fifteen sets of plans - 8 1/2" or 11x17" () Legal description (lot split & consolation) () Fees and Deposits
- () Cover Sheet / Letter
- () Site Plan () Owner Approval

() This application is OK to appear before Board of Zoning Appeals at the meetings scheduled for: _____

Building Commissioner

BZA Action

Date/Remarks:

() Approved: _____

() Returned _____

() Tabled: _____

Denied: _____