

VILLAGE OF BOSTON HEIGHTS

45 E. BOSTON MILLS ROAD = BOSTON HEIGHTS, OHIO 44236-1153

(330) 650-4111 (Akron) or (330) 656-2575 (Cleveland)

FAX (330) 655-9578

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Board of Zoning Appeals

HEARING DATE: _____
DOCKET NUMBER: _____
FEE RECEIPT # _____

Please make \$100 check payable to "Village of Boston Heights" - CO1145.05

Pursuant to the Codified Ordinances of the Village of Boston Heights, Ohio, the undersigned hereby submits attached information and requests a hearing before the Board of Zoning Appeals for the following purpose(s):

Please Circle Request ☒ **VARIANCE** ☐ **APPEAL** ☐ **OTHER**

Explanation of Request (or note attachment): _____

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Property Address: _____ Zoning District: _____
County Parcel Number(s): _____ (RES/OP/GB/RB/LM)
Date Property Purchased: _____ (see Zoning Map)

Indicate which section(s) of the Planning & Zoning Code (C.O. Part 11) pertain to this application: _____

**Please submit with your application *all information* listed on the reverse side of this form.
The Board cannot consider incomplete applications.**

The undersigned do(es) hereby certify that the information provided to the Board in and with this application is true and accurate to the best of the applicant(s)' knowledge and belief, and consents to employees and/or agents of the Village of Boston Heights entering upon the premises of this application for purposes of inspection and verification of information pertaining to the application, and if this application is approved, to verify conformance to the requirements and conditions of such approval.

Applicant: _____
Address: _____
Telephone: _____
Fax: _____

Owner: _____
Address: _____
Telephone: _____
Fax: _____

Submitted: _____
Applicant Signature (Required)

Submitted: _____
Owner Signature (Required)

Print Name: _____

Print Name: _____

Date Submitted: _____

Appeals must be submitted within 20 days after the
the decision by the Zoning Inspector: CO1145.03

Accepted: _____
Clerk, Board of Zoning Appeals

Date Accepted: _____

All of the following items must be submitted with the application for the application to be complete. These items are for the use of the Board of Zoning Appeals and are in addition to any other documents or drawings already submitted to the Village or its officers.

Attached hereto and made a part of this Application, I/we submit the following:

A. Copy of the applicable decision(s) of the Building Inspector, Zoning Inspector, Village Engineer, and/or Planning Commission of the Village of Boston Heights.

B. Six (6) copies of applicable drawings to scale, including but not limited to:

- existing site plan
- proposed site plan
- floor plan of proposed structure, if applicable
- elevations of proposed structure, if applicable
- all conditions as to structures and premises affected by the Application.
- additional drawings as requested by the Board of Zoning Appeals, or Zoning Inspector.

All but one copy may be reduced size, e.g. 11x17 "ledger" size.

C. List of names of adjacent property owners, or agents of record, and their mailing addresses. Please note that, as part of the legal notification process, all adjacent property owners will be mailed a notification of your request.

Please complete this questionnaire:

A. To the best of your knowledge, has any previous application or appeal been filed with the Board of Zoning Appeals in connection with this property or premises? **YES NO** If yes, when? _____

B. If the Applicant is not the Owner, state the Applicant's interest in the property or premises:

C. State the principal occupancy or use of the property during the last five (5) years?

D. To the best of your knowledge, is the property currently in compliance with Village codes and ordinances? **YES NO**

If no, please describe how the property is currently not in compliance:

