Variance Application

Application to the Board of Zoning Appeals

City of Groveport
Building & Zoning Department
655 Blacklick St
Groveport, OH 43125
614-830-20

Date: _____

Case # _____

Fee: **Residential Use $50.00** *(per dwelling unit)*
Non-Residential / Multi Family Use $150.00
Modification of Non-conforming Use $150.00

The Zoning Officer of the City of Groveport, Ohio has refused to issue a ☐ Building Permit ☐ Certificate of Occupancy ☐ Certificate of Zoning Compliance at the following **address**:

_____ _____

Property Address **Parcel #**

as it is in violation of ☐ Building Code No. _____ ☐ Zoning Code No. _____

Existing Zoning: _____ Existing Use of Property: _____

Applicant Name: _____

Address: _____

Property Owner Name: _____

Address: _____

I appeal to the Board of Zoning Appeals for a variance that will allow me to do the following:

_____

Refusal constitutes a hardship because: _____

SUBMITTAL REQUIREMENTS: Applicant shall submit this application including the property owners list (see attached form), the filing fee, and ten (10) copies of the following items to make a complete packet.

☐ Survey accurately drawn to scale showing the dimensions and size of existing and proposed lots and easements.
☐ Size and location of existing and proposed development such as buildings, structures, signs, water supply, waste water treatment, driveways and parking, etc. Existing and proposed use of all parts of land and buildings.
☐ The disapproval letter that was issued by the Zoning Officer for this project.
☐ Any additional information concerning the subject and neighboring tracts as may be required by the Zoning Officer in order to determine compliance with and provide enforcement of the Zoning Resolution.

APPLICANT'S AFFIDAVIT:
To the best of my (our) knowledge, the above statements and attached site plan are, in all respects, true and accurate descriptions of the existing status and proposed plans for the property identified in this application.

_____ _____

Applicant's Signature Contact Phone Number

_____ _____

Applicant's Printed Name Email Address

PROPERTY OWNERS LIST

List of all property owners within, contiguous to, and directly across the street from such proposed development. List must be in accordance with the Franklin County Auditor's current tax list and must include all the below information.

The Auditor's website is: www.franklincountyauditor.com Go to *Real Estate*, *Property Search*, put your address in, then go to *Mapping*, and then *Buffer Search*. If you need assistance, call the City of Groveport Building Department at 614-830-2045.

Parcel Number: _____

Owner's Name:_____
Address:_____
City & State:_____Zip Code_____

Site Address: _____

Mail Address: Name:_____
Address:_____
City & State:_____Zip Code_____

****

Parcel Number: _____

Owner's Name:_____
Address:_____
City & State:_____Zip Code_____

Site Address: _____

Mail Address: Name:_____
Address:_____
City & State:_____Zip Code_____

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Parcel Number: _____

Owner's Name:_____
Address:_____
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Site Address: _____

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If additional space is needed, make copies of this page.

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Parcel Number: _____

Owner's Name:_____
Address:_____
City & State:_____Zip Code_____

Site Address: _____

Mail Address: Name:_____
Address:_____
City & State:_____Zip Code_____

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Parcel Number: _____

Owner's Name:_____
Address:_____
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Site Address: _____

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