City of Seven Hills, Ohio

Building Department

APPLICATION FOR ZONING BOARD OF APPEALS
REQUEST FOR HEARING

Type or Print application (attach separate sheets if necessary) Meeting Date: _____

1. _____ _____
   Permanent Parcel Number Address of Variance Location

2. _____ _____ _____
   Lot Size Square Feet Property Owner

3. _____
   Name of Applicant/Attorney/Agent Email Address

4. _____
   Street Address of Applicant

5. _____
   City State Zip Code Phone

6. _____
   Code Section Code Requirements

7. Explain how would the literal application of the provisions of the code result in practical difficulty peculiar to the property involved and not based on conditions created by the owner:

   _____

   _____

   _____

8. What are the topographical or geographical conditions or circumstances of the property involved which prevents compliance with the code?

   _____

   _____

   _____

9. Explain why the variance will not be materially detrimental to the public health, safety, and general welfare, or injurious to the adjacent property owners.

   _____

   _____

   _____

Signature of Applicant: _____ Date: _____