City of Broadview Heights
Board of Zoning Appeals

Variance Application

BZA - OFFICE USE ONLY	
PERMIT APP#	_____
BZA NUMBER:	_____
BZA MTG DATE:	_____
BZA FEE AMT.	_____
BZA FEE RCPT#	_____
BZA APPROVAL DATE:	_____

DATE: _____

Street Address of Property:

_____

Permanent Parcel Number: _____ ( ) Residential ( ) Commercial*

*If Commercial – Name of Business at Address:_____

Name of Owner(s)_____

Address: _____Cell Phone: _____

City _____State_____ Zip _____ Email:_____

Name of Co-owner: _____

Address: _____Cell Phone: _____

City _____State_____ Zip _____ Email:_____

Application Fee: $250.00: Cash or Check made payable to the **City of Broadview Heights.**

Submittal Requirements: Eighteen (18) Collated Sets – Of drawings in ¼" = 1' of 1/8" = 1' showing elevations, floor plan(s), landscaping, or other aid to help define the kind and type of structure(s). Plot plan shall show all meets and bounds dimensions. All structures shown in scale of one (1) inch equals twenty (20) feet, with 2' contours. Proposed structure(s) are to be shaded in.

I hereby consent, prior to Board meeting date, to allow members of the Broadview Heights Board of Zoning Appeals to enter upon my property.
Applicant:

_____

PRINT NAME SIGNATURE

9/1/2019

City of Broadview Heights Board of Zoning Appeals

Article V, Section B, D of the Broadview Heights City Charter reads as follows:

(d)(1) The Board of Zoning Appeals (BZA) shall determine all matters properly presented to it in writing. Where practical difficulties shall result from the enforcement of the zoning ordinance, the BZA shall have the power to grant a variance in harmony with the general intent of the ordinance and to secure the general welfare and substantial justice in the promotion of the public health, comfort, convenience, morals, safety and general welfare of the Municipality.

(d)(2): Variances granted pursuant to Section 8(d)(1), (above) unless acted upon, shall expire one year from the date on which the variance was granted.

(d)(3): The action of the Board of Zoning Appeals on any Non-Residential Matter shall be forwarded to Council. Council may, by affirmative vote of two-thirds (2/3) of its members override the action of the Board of Zoning Appeals on any non-residential matter, provided however, that the vote to do so must be made within thirty (30) days of the action of the Board of Zoning Appeals.

STATEMENT OF PRACTICAL DIFFICULTY:

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I hereby certify that the above statements are true.

_____

Applicant: PRINT NAME SIGNATURE

ADDITIONAL INFORMATION

If property involved is not registered in the same name appearing in County records as on this application, copies of legal documents must be presented to verify proof of ownership. If applicant is not the property owner, written consent from owner is required.

* * *

The city recommends that the applicant try to meet with each property owner within 500' of the subject parcel to discuss the merits of the request since each of those property owners will be invited to speak for or against the request.

I understand that either I or a knowledgeable representative will attend the Zoning Board Meeting. Upon approval of my request, I shall obtain the proper building permits required at the Broadview Heights Building Department.

Owner's Representative: _____

Address: _____ Phone: _____

City _____ State_____ Zip _____ Email:_____

Applicant:

_____

PRINT NAME SIGNATURE DATE

City Use Only

APPROVED: ( ) DISAPPROVED: ( ) APPROVED WITH THE FOLLOWING CONDITIONS: ( )

_____

_____

_____

_____ _____

Date Zoning Board Chairman