



BOARD OF ZONING APPEALS (BZA)
APPLICATION FOR VARIANCE

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

Application Fee: \$400.00\*
Per Fee Schedule

\*Does not include transcript cost.

Appellant: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Attorney for Appellant: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Property Address: \_\_\_\_\_

Lot Number/Subdivision: \_\_\_\_\_ Zoning District/Use: \_\_\_\_\_

Checklist:

- Legal description of the property.
Vicinity Map and site/plot plan as required.
Description of the existing and proposed use. Please be very detailed regarding the proposed use.
A narrative statement and supporting documentation establishing and substantiating that the variance conforms to each of the following standards as stated in Section 1127.06(e) of the Codified Ordinances of Powell.
Provide any other information that may useful to the Planning and Zoning Commission or City Staff in the space below or attach additional pages.
5 copies of all drawings, text, any other items, and application, as well as any other drawings or written material that will help the Administration and the Board understand the nature of the proposal.
1 digital copy (CD, USB, Email) of the complete application packet.
Attach the required fee - \$400.00.\*
Post a public notice sign at least (10) days prior to a public hearing or public meeting, pursuant to ordinance 1107.035

Public notice sign details found here

(See Over)

I agree to grant the City of Powell Staff and the Board of Zoning Appeals members considering this application access to the property subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use
Received

Office Use
Type/Date: _____
Base Fee: <u>          \$400.00          </u>
Prepared by: _____
Reviewed by: _____
PAYOR: _____
RECIEPT # _____

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