

City of Seven Hills, Ohio Building Department

ZONING BOARD of APPEALS

Chapter 939

The Board shall hear and decide all questions brought before it by appeal from the refusal, granting or revocation of permits by the Commissioner of Buildings under the provisions of this Zoning Code or of any section of the Building Code. It shall also hear and decide all matters referred to it or upon which it is required to pass under this Zoning Code. Within its powers the Board may reverse or affirm, wholly or in part, or may modify the order, requirement, decision or determination appealed from and shall make such order, requirement, decision or determination as in its opinion ought to be made under the circumstances and to that end shall have all the powers of the officer from whom the appeal is taken and it may issue or direct the issuance of a permit.

Where there are **practical difficulties** in the way of carrying out the strict letter of the provisions of this Zoning Code, the Board of Appeals shall have the power in a specific case to vary the application of any such provision in harmony with the general purpose and intent of this Zoning Code so that the public health, safety, morals and general welfare may be secured and substantial justice done.

Instructions for applying for an Appeal:

- 1. Complete the application for appeal.
- 2. Submit application and application fee 14 days prior to scheduled meeting.
- Make checks payable to City of Seven Hills for Application Fees:
 \$150.00 for commercial projects
 \$75.00 for residential projects.

Council shall have the power to approve, amend, modify or reverse any decision of the Board of Zoning Appeals if Council finds that the decision of the Board is contrary to the purpose and intent of the zoning ordinances. Such review by Council shall be made within ninety days.

7325 Summitview Dr. Seven Hills, OH. 44131 Ph 216.524.4427 Fax 216.525.6283 Email Building@sevenhillsohio.org

City of Seven Hills, Ohio

ZONING BOARD OF APPEALS

Instructions

- 1. State address or permanent parcel number for which Variance is being requested.
- 2. Type or print full name of person presenting application.
- 3. List complete mailing address and telephone number of person presenting application.
- 4. Type or print full name of person, firm, corporation or partnership seeking to be heard by the Board.
- 5. List mailing address and telephone number of person, firm, corporation or partnership. If mailing address to which notice of meeting is to be sent is different, please note.
- 6. If an attorney will represent you, indicate his name, address and telephone number.
- 7. **Twelve (12)** drawings or plans should be included with request to clarify matters and to avoid misunderstandings.
- 8. State in your own words all-pertinent information involved in this matter. If your information is not complete, it may be necessary for the Board to request additional information before this matter can be set on its agenda.
- 9. Bring to this hearing any documents, drawings, photos, other materials or evidence along with your testimony to help demonstrate your need for the variance.
- 10. Indicate action you are requesting the Board to take. For example:

"The Board is requested to grant a Variance in this instance because

of the hardship which now prevails"

THIS APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT

Upon receipt of a valid request, the Board will in due course notify the applicant as to the date upon which it will hear the matter requested or such other action as it will take regarding the matter.

No matter will be heard by the Board unless a proper application has been submitted.

One copy of the completed application is to be submitted along with the fee.

Our mailing address is: City of Seven Hills

Building Department

7325 Summitview Drive

Seven Hills, Ohio 44131

Make check payable to the City of Seven Hills. Residential Fee - \$75.00 Commercial Fee \$150.00



ZONING BOARD OF APPEALS

REQUEST FOR HEARING

Type or Print application (attact	i separate sneets	ii riecessaiy)	Meeting D	oate	
1. Permanent Parcel Number	 	Address of Variance			
2.					
Lot Size	Square Feet		Property Owner		
3.					
Name of Applicant / Attorney / Ag	jent				
4					
Street Address of Applicant					
5					
City	State	Zip Code	Area Code	Phone	
6				 	
Code Section	Co	Code Requirements			
B. What are the topographical o	r geographical co	anditions or circum	estances of the n	roperty involved which	
prevents compliance with the code					
9. Explain why the variance will n or injurious to the adjacent propert	ty owners.		oublic health, safet		
● Page 3					
Signature of Applicant:			_ Date:		
	Receipt	No	Fee Paid:		