

AKRON BOARD OF ZONING APPEALS

To: The Board of Zoning Appeals, Akron, Ohio Date: _____

The undersigned (circle one) **owner / holder of option / lessee /** _____
of the property herein involved, does hereby petition for a variance of the Zoning Code to the
Board of Zoning Appeals.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION,
NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. The property is addressed as (or has frontage on): _____

2. I am requesting permission to: _____

3. My reasons for this request are: _____

4. Attach two (2) sets of plans **drawn to scale** including:

- | | | | |
|---|--------------------|----------------------|------------------------|
| Street names and addresses | Parking | Landscaping | Building elevations |
| Location of property | Circulation drives | Yards | Signs |
| Location of building(s) | Traffic access | Open space | Utilities |
| Dimensions of property
and building(s) | Loading areas | Interior arrangement | Refuse & service areas |

5. Attach **photographs** of the existing site, sufficiently labeled.

6. If plans were drawn using AutoCAD, please submit a copy on a **CD-ROM**. (See specification list.)
Please label the disk with the name of applicant and the site address.

PRINT / TYPE name of **OWNER(S)**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

PRINT / TYPE name of **__Holder of option __Lessee**

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

ALSO NOTIFY:

PRINT or TYPE name

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

Relationship to Petitioner (agent, attorney, principal, etc.)

SIGNATURE: _____

SIGNATURE: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Zip: _____ Phone: (_____) _____

A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to

The Department of Planning and Urban Development
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628

Please make CHECKS PAYABLE to City of Akron.

DO NOT WRITE BELOW THIS LINE

Reason(s) for requiring an Appeal or Application is/are: _____

Signature of Zoning Manager

This is to certify that a fee of \$ _____ has been received for investigation incident to this proposal. (\$75.00)

Receipt # _____

Appeal # _____ -2012-Z

Signature of City Employee

Councilperson _____ Ward _____

Title

COUNCIL TIME STAMP

ZONING TIME STAMP