

**CITY OF BUCYRUS
BOARD OF ZONING APPEALS
APPEALS APPLICATION**

Board Use Only
Resol. No. _____
Date Received _____
Paid _____
Meeting Date _____
Time _____

FEE - \$40.00

Applicant Name: _____

Address: _____ Phone: _____

Project Name and Address: _____

Owner of Property (If Different From Above): _____

LOCATION OF PROPERTY:

1. Cross Streets: _____ and _____
2. Zoning District: _____ 3. Inlot/Outlot: _____
4. Parcel ID No: _____ 5. Acreage: _____
6. Legal Description: Provide Attachment as necessary

TYPE OF REQUEST:

- Area Variance Conditional Use permitted in _____ District.
- Home Occupation Other : _____

LIST REQUEST IN DETAIL: _____

MAP OF SUBJECT PROPERTY:

The Applicant shall submit two (2) copies of a map of the subject property, accurately drawn to an appropriate scale on an 8 ½ x 11 inch or 11 x 17 inch sized sheet. The map shall be submitted in addition to the property description. The map shall include the subject property and all land boundaries within two hundred (200) feet of subject property. All existing structures, proposed structures, property lines, street rights of way, and easements, shall be indicated on the map.

ADJACENT PROPERTY:

List all owners of property within two hundred (200) feet of the exterior boundaries of the subject property. The address of owners shall be those appearing on the County Auditor's current tax list. The mailing address shall be the property owner; not the mortgage company or tax service. Please list on separate paper.

IMPORTANT PLEASE NOTE: For area variance, conditional use and home occupation the Board must consider and weigh the following factors to determine whether a property owner has encountered practical difficulties to be able to grant a variance. Explain all the following factors and provide and supportive evidence.

AREA VARIANCE

Are there unique physical circumstances or conditions specific to Applicant's property which is not applicable to other land or buildings in the neighborhood or district?

Do these conditions prevent Applicant from developing property in strict conformance with zoning ordinance?

Has unreasonable or unnecessary hardship been encountered by the applicant?

If variance is granted, will it alter the essential character of the neighborhood?

Does the variance requested represent the minimum variance to afford relief and represent the least possible modification of the zoning regulation?

CONDITIONAL USE

Is proposed use listed as a conditional use in zoning district involved?

Is the use defined in regulations?

Is the use similar to another use? If yes, in what way?

Will use be designed, constructed, operated and maintained in manner harmonious with intended use or will use alter essential character of area?

Will use pose any hazards to existing adjacent uses?

Will use be served adequately by essential public services and utilities?

Will the use involve activities, processes, materials equipment or conditions that will be detrimental to any persons or property be reason of excessive traffic, noise, smoke, fumes, glare or order?

Will the use be consistent with the objectives of the Zoning Ordinance?

HOME OCCUPATION

Is the use incidental and secondary to home ownership?

What is the square footage of the dwelling unit?

What is the square footage of the area which will be devoted to the home occupation?

Will home occupation generate more traffic than normal for the residential neighborhood?

How many parking spaces are available?

Who will be employed in the home occupation business?

What signage is contemplated for the home occupation use?

Will any equipment or process be used in the home occupation which will create noise, vibration, glare, fumes, odors, or electrical interference detectable to normal senses off the lot?

Will the home occupation involve the exterior storage of any equipment or inventory?

APPLICANT'S AFFIDAVIT

State of Ohio
County of Crawford ss:

I/We

Being duly sworn, depose and state that I am / we are the owner (s) lessee (s) of land included in the application and that the foregoing statement herein contained and attached, and information or attached exhibits thoroughly to the best of my / our ability present the arguments in behalf of the application and that same is true and correct in all respects to the best of my / our knowledge and belief.

(Signature and Title)

(Signature and Title)

PRINT (Name and Title)

PRINT (Name and Title)

(Mailing Address)

(Mailing Address)

(City, State & Zip Code)

(City, State & Zip Code)

(Telephone Number)

(Telephone Number)

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

(SEAL)

Commission Expires

Person to be contacted for details, if other than above signature:

(Name) (Address) (Phone Number)

Signed: _____ Date: _____, 20_____

ZONING INSPECTOR