

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: (_____)

Email: _____

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

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____)

Email: _____

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: (_____) _____

Email: _____

Email: _____

**A NON-REFUNDABLE FILING FEE shall accompany this petition upon submittal to
Office of Integrated Development, Zoning Division
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. (\$250.00)

Receipt # _____

Appeal # _____ -2024-Z

Signature of City Employee

Councilperson _____ Ward _____

Title

COUNCIL TIME STAMP

ZONING TIME STAMP

2024

AKRON BOARD OF ZONING APPEALS

| <u>MEETING</u> | <u>FILE DATE</u> |
|-------------------|--------------------|
| JANUARY 31, 2024 | DECEMBER 20, 2023 |
| FEBRUARY 28, 2024 | JANUARY 17, 2024 |
| MARCH 27, 2024 | FEBRUARY 14, 2024 |
| APRIL 24, 2024 | MARCH 13, 2024 |
| MAY 29, 2024 | APRIL 17, 2024 |
| JUNE 26, 2024 | MAY 15, 2024 |
| JULY 24, 2024 | JUNE 12, 2024 |
| AUGUST 28, 2024 | JULY 17, 2024 |
| OCTOBER 02, 2024 | AUGUST 21, 2024 |
| OCTOBER 30, 2024 | SEPTEMBER 18, 2024 |
| NOVEMBER 20, 2024 | OCTOBER 09, 2024 |
| DECEMBER 18, 2024 | NOVEMBER 06, 2024 |

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal must meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.