



City of Hilliard
 3800 Municipal Way
 Hilliard, Ohio 43026
 Telephone (614) 876-7361
 Fax: (614) 529-6017
 www.hilliardohio.gov

APPLICATION #

2019 BOARD OF ZONING APPEALS APPLICATION

CHECK THE TYPE OF APPLICATION WITH CORRESPONDING FEE:

- | | |
|---|---|
| <input type="checkbox"/> Administrative Appeal
<input type="checkbox"/> Within Old Hilliard District (\$200)
<input type="checkbox"/> Single Family Development
- (not in Old Hilliard District) (\$300)
<input type="checkbox"/> All Others (\$300)

<input type="checkbox"/> Temporary Land Use
<input type="checkbox"/> Within Old Hilliard District (\$200)
<input type="checkbox"/> All Others (\$300) | <input type="checkbox"/> Variance - Code Section(s): _____
<input type="checkbox"/> Within Old Hilliard District (\$200)
<input type="checkbox"/> Single Family Development (not in Old Hilliard District) (\$300)
<input type="checkbox"/> All Others (\$1000)
<input type="checkbox"/> Other (Describe below) (\$200) _____ |
|---|---|

Table/Postpone any Application (before any Board, Commission, or City Council)			
	<u>Within Old Hilliard</u>	<u>Existing Single Family</u>	<u>All Others</u>
First	\$100	\$100	Same as original fee
Second	\$200	\$200	1.5 times the original application fee
Third	\$300	\$300	2.0 times the original application fee

SUBMISSION REQUIREMENTS:

- a. Required application fee (see above).
- b. One original complete application **with original signed and notarized property owner's signature.**
- c. **One copy** of all required plans to scale on paper not larger than 22-inch-by-34-inch.
- d. **One reproducible electronic copy** of all required plans to scale AND all application materials via compact disc (CD) or flash drive media.
- e. Plot plan **to scale** showing property lines, easements, building footprint, and other information associated with the site.
- f. Legal description and all other documents required for the application.
- g. The names and mailing addresses of all property owners within 200 feet of the subject property **on mailing labels.**

I. PROPERTY INFORMATION

Applicant/Business is known as:	Property Address:
Tax ID Number/District Parcel Number:	Parcel Size: (Acres):
	Current Zoning District:
Property Location (if property address is not listed above)	
Detailed description of request:	

II. PLEASE INCLUDE THE FOLLOWING:

- **ONE COPY** OF LEGAL DESCRIPTION: Legal description of the property to be developed consists of _____ page(s).

PLAN REQUIREMENTS:

(1) SET OF PLANS TO SCALE on paper not larger than 22-inch-by-34-inch SHOWING:

- a. Existing condition including all property lines, street rights-of-way, easements, and other information associated with the site.
- b. All proposed changes (including elevations, site plans, landscaping plans, and lighting plans).
- c. North arrow and bar scale.

FOR OFFICE USE ONLY		Date Received:
Amount Received:	Receipt Number:	

II. PROPERTY OWNER INFORMATION

Name of Current Property Owner(s) :		
Mailing Address (Street, City, State, Zip Code)		
Daytime Telephone Number:	Fax Number:	e-mail Address:

III. CONTACT INFORMATION FOR OWNER'S AUTHORIZED REPRESENTATIVE

Name of Contact Person (Ex. Attorney, Architect, etc.)		
Mailing Address (Street, City, State, Zip Code)		
Daytime Telephone Number:	Fax Number:	e-mail Address:

IV. AUTHORIZATION TO VISIT THE PROPERTY

Site visits to the property are necessary by City representatives in order to process this application. By completing and submitting this application, the Property Owner/Applicant hereby authorizes City representatives to visit, photograph, and post a notice on the property described in this application.

V. OWNER AUTHORIZATION FOR REPRESENTATIVE

I, _____, the Property Owner listed above, hereby authorize _____ to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.	
Signature of Current Property Owner (listed above):	Date:
Subscribed and sworn to before me this ____ day of _____, 20____. Notary Public _____	

VII. APPLICANT'S AFFIDAVIT – (PLEASE PRINT)

STATE OF _____	COUNTY OF _____
I, _____, the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the beste of my knowledge and belief.	
Signature of Applicant or Authorized Representative:	Date:
Subscribed and sworn to before me this ____ day of _____, 20____. Notary Public _____	

VIII. NEIGHBORING PROPERTY OWNERS

Submit one complete list of all neighboring property owners within 200 feet from the perimeter of the subject property and their mailing addresses. Such list to be in accordance with the County Auditor's current tax list. The list must be submitted either on labels or on a computer disk formatted for Avery 5160. **Applications lacking this information WILL NOT BE ACCEPTED.**