



APPLICATION FOR ZONING VARIANCE

City of Steubenville
Board of Zoning Appeals
308 Market Street, Room 205
Steubenville OH 43952
(740) 283-6000 extension 1700

Name of Property Owner: _____

Address of Owner: _____

Telephone No. of Primary Owner Contact: _____

Name of Lessee (if applicable): _____

Address of Lessee: _____

Telephone No. of Primary Lessee Contact: _____

Address of Property: _____

Zoning District: _____

Current Use: _____

Proposed Use (if different than current use): _____

Description of planned construction: _____

Variance is being requested for the following:

- A. ___ front yard ___ side yard ___ rear yard setback requirements.
- B. ___ location of zoning district boundary line.
- C. ___ interpretation/application of zoning code is unreasonable or unjust.
- D. ___ zoning code requires adhering to standards not already adhered to by at least fifty-one (51) percent of properties within the block where the property is located.

List specific Zoning Code section(s) for which the variance is being requested _____

Explain why compliance with zoning requirements can not be achieved _____

Explain why an unusual hardship would result from compliance with zoning requirements _____

Application accompanied by the following fee and deposit:

___ Single family detached dwelling, single-family semi-detached, two-family detached dwellings and governmental uses – Fee: \$35.00

___ All other types of residential dwellings – Fee: 75.00

___ Commercial, industrial and other – Fee: \$150.00

___ Deposit for all applications: \$500.00

Attach list with names and addresses of all contiguous property owners and owners of property across the street from applicant’s property.

Attach plot plan and any other information such as maps, plans, photographs, correspondence, etc. which may be relevant.

I/we certify that the above/accompanying information is true and correct under penalty of law.

Signature of Property Owner or Lessee (Applicant):

Name Date

Name Date

This Section for Planning and Zoning Commission staff use only:

Application No. _____
Application submitted is properly completed _____ yes _____ no
Application is signed by property owner or lessee _____ yes _____ no
Application is accompanied by list of contiguous property owners _____ yes _____ no
Appropriate fee has been paid _____ yes _____ no
Deposit has been paid _____ yes _____ no
Public hearing notice advertised on _____, 20___.
Public hearing notice sent to contiguous owners on _____, 20___.
Date of Board of Zoning Appeals Hearing _____, 20___.
Variance Approved ___ Variance Denied ___ Variance Conditionally Approved ___
If variance conditionally approved, list conditions _____

Decision of Board of Zoning Appeals appealed to City Council _____ yes _____ no
Date of City Council Public Hearing _____, 20___.
Decision of City Council ___ BZA decision confirmed ___ BZA decision reversed ___ BZA
decision modified. If modified, list modification(s) _____

