



APPLICATION FOR ZONING SPECIAL EXCEPTION

City of Steubenville
Board of Zoning Appeals
115 S. Third St., Ste 108
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: _____

THIS SPECIAL EXCEPTION is being requested for the following reasons: _____

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__.

Application Approved _____ Application Denied _____ Application Conditionally Approved _____

If application 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) _____
