

**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<br>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  
The Department of Planning and Urban Development  
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. (\$75.00)

Receipt # \_\_\_\_\_

Appeal # \_\_\_\_\_ -2016-Z

\_\_\_\_\_  
Signature of City Employee

Councilperson \_\_\_\_\_ Ward \_\_\_\_\_

\_\_\_\_\_  
Title

**COUNCIL TIME STAMP**

**ZONING TIME STAMP**

2016

**AKRON BOARD OF ZONING APPEALS**

<u>MEETING</u>	<u>FILE DATE</u>
JANUARY 27, 2016	DECEMBER 23, 2015
FEBRUARY 24, 2016	JANUARY 20, 2016
MARCH 23, 2016	FEBRUARY 17, 2016
APRIL 20, 2016	MARCH 16, 2016
MAY 18, 2016	APRIL 13, 2016
JUNE 15, 2016	MAY 11, 2016
JULY 20, 2016	JUNE 15, 2016
AUGUST 24, 2016	JULY 20, 2016
SEPTEMBER 28, 2016	AUGUST 24, 2016
OCTOBER 26, 2016	SEPTEMBER 21, 2016
NOVEMBER 30, 2016	OCTOBER 26, 2016
DECEMBER 21, 2016	NOVEMBER 16, 2016

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.