



**BOARD OF ZONING APPEALS
CITY OF WILMINGTON, OHIO
BUILDING AND ZONING DEPARTMENT
69 N. SOUTH STREET
WILMINGTON, OH 45177
TELEPHONE (937)382-5134 FAX (937)655-8253**

APPLICATION INSTRUCTIONS AND SUBMITTAL REQUIREMENTS

An application to appear before the Board of Zoning Appeals submitted to the Office of the City of Wilmington Building and Zoning Department must comply with the requirements and procedures outlined herein.

This packet contains a checklist of general, written, and graphic requirements, as well as application submittal forms. The checklist, together with all required information and application forms, must be submitted in complete and accurate form before the appearance request will be processed by the Code Enforcement Official. It is the responsibility of the property owner/applicant to supply all the necessary copies of plans and drawings as well as any other relevant information in order for the Board of Zoning Appeals to adequately evaluate the application. Incomplete information may delay the processing of the application.

The filing date of the application packet shall be the date on which all information submitted is examined by the Code Enforcement Official and found to meet all the requirements as described in this packet. The attached schedule lists the closing dates for the filing of applications and corresponding hearing dates. The submittal due date represents the final date on which an application will be accepted. **Seven (7) copies of the application and attachments are to be submitted. Early submission is highly recommended to assure placement on the agenda and adequate time for revisions and corrections.**

FEES

\$50.00 – Must accompany the application.

Applicant will also be billed for legal notice to the newspaper and postage fees for notification to adjacent property owners by certified mail.

MEETINGS

The Board of Zoning Appeals meets on the first Monday of the month or at other times as may be required. All meetings are held in the City Council Chambers at 69 N. South Street, Wilmington, Ohio 45177 at 7 p.m. The applicant or representative is expected to be present at the meeting. Lack of representation by the applicant may result in the request being tabled to the next meeting.



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APPLICATION

(Please type or clearly print application)

ADDRESS OF SUBJECT PROPERTY _____

NAME OF APPLICANT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ FAX # _____

E-MAIL _____

NAME OF OWNER (If different from Applicant) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE # _____ FAX # _____

E-MAIL _____

APPLICANT IS REQUESTING TO APPEAR BEFORE THE BOARD FOR THE PURPOSE
OF (please check all applicable boxes):

- REQUESTING A VARIANCE FROM THE ZONING CODE
- REQUESTING APPROVAL FOR A CONDITIONAL USE
- APPEALING A NOTICE OF VIOLATION (PROPERTY MAINTENANCE OR ZONING)

APPLICABLE ONLY TO VARIANCE REQUESTS:

PLEASE DESCRIBE THE NATURE OF THE VARIANCE _____

PLEASE SITE SECTION OF THE ZONING CODE FOR WHICH VARIANCE IS NEEDED
(Example: 3.402.2)

- 1. Section _____
- 2. Section _____
- 3. Section _____

APPLICABLE ONLY TO CONDITIONAL USE REQUESTS :

CONDITIONAL USE BEING REQUESTED:-

CURRENT ZONING OF PROPERTY (circle one):

- DC LI SN SC
- DT MF TN
- GI MH RR

APPLICABLE ONLY TO APPEALS OF NOTICES OF VIOLATION FROM ZONING AND/OR BUILDING INSPECTOR:

NATURE OF ZONING AND/OR BUILDING VIOLATION:-

SUMMARY OF GROUNDS FOR APPEAL:

ADJACENT PROPERTY OWNER LIST

Please list names and **mailing addresses** of all property owners adjacent to or directly across the street from said property to be considered by the Board of Zoning Appeals, **according to the current tax duplicate of the Clinton County Auditor.** (Use extra sheets if necessary)

<u>NAME</u>	<u>ADDRESS</u>	CITY/STATE/ZIP
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

**SUBMISSION REQUIREMENTS FOR VARIANCES
TO THE CITY OF WILMINGTON ZONING CODE**

1. GENERAL REQUIREMENTS

_____ The application packet must be submitted to the office of the City of Wilmington Building and Zoning Department no later than the due date (see attached schedule). Prior to submitting the application packet and necessary information, the applicant should revise the proposed plans and/or information as advised by the Zoning or Code Enforcement Official. Early submission is recommended to assure placement on the agenda and adequate time for revisions and corrections. Incomplete or inaccurate applications will not be accepted for processing or be placed on the agenda for any hearings or meetings.

2. WRITTEN REQUIREMENTS

_____ **APPLICATION FORM**

Complete and submit seven (7) copies of the Application Form

3. GRAPHIC REQUIREMENTS

_____ **SITE PLAN (IF REQUEST IS IN REGARDS TO A VARIANCE FROM ZONING REQUIREMENTS)**

Submit seven (7) copies of the site plan drawn to scale. The plan should contain the following information.

- _____ A. All existing property lines for each parcel within the subject site and the last name of the owners therein;
- _____ B. The exact boundaries and dimensions of the subject lot;
- _____ C. Title, scale and address of the property.
- _____ D. The size and location of proposed and existing structures, including signs and the distances from front lot lines, side lot lines, and rear lot lines. Street names and right of way lines. Drawings of proposed signs with dimensions clearly marked.

INFORMATION SUBMITTED SHALL BE ASSUMED TO BE CORRECT, AND APPLICANT AND/OR AGENT SHALL ASSUME RESPONSIBILITY FOR ANY ERRORS AND/OR INACCURACIES IN AN IMPROPER APPLICATION.

SIGNATURE OF APPLICANT _____

DATE

SIGNATURE OF OWNER _____

DATE

Application Fee is \$50.00. In addition, you will be billed for the legal notice to the newspaper and postage fees for notification to adjacent property owners by certified mail.

(For Administrative Use Only)

Date Application Received _____

Fee Paid \$ _____

Received by: _____

By Cash By Check

Check # _____

Filing Date _____
Signature _____
Code Enforcement Official

Application rejected for insufficient or incomplete information _____
(Date)

Signed _____
Code Enforcement Official