# City of Seven Hills, Ohio

## ZONING BOARD OF APPEALS

REQUEST FOR HEARING

**Type or Print application** (attach separate sheets if necessary) Meeting Date_____

1. _____ _____
Permanent Parcel Number Address of Variance

2. _____ _____ _____
Lot Size Square Feet Property Owner

3. _____
Name of Applicant / Attorney / Agent

4. _____
Street Address of Applicant

5. _____ _____ _____ _____
City State Zip Code Area Code Phone

6. _____
Code Section Code Requirements

7. Explain how would the literal application of the provisions of the code result in practical difficulty peculiar to the property involved and not based on conditions created by the owner.

_____

_____

_____

8. What are the topographical or geographical conditions or circumstances of the property involved which prevents compliance with the code?

_____

_____

_____

9. Explain why the variance will not be materially detrimental to the public health, safety, and general welfare, or injurious to the adjacent property owners.

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_____

Signature of Applicant: _____ Date: _____

Fee Paid: _____