The Board shall hear and decide all questions brought before it by appeal from the refusal, granting or revocation of permits by the Commissioner of Buildings under the provisions of this Zoning Code or of any section of the Building Code. It shall also hear and decide all matters referred to it or upon which it is required to pass under this Zoning Code. Within its powers the Board may reverse or affirm, wholly or in part, or may modify the order, requirement, decision or determination appealed from and shall make such order, requirement, decision or determination as in its opinion ought to be made under the circumstances and to that end shall have all the powers of the officer from whom the appeal is taken and it may issue or direct the issuance of a permit.

Where there are practical difficulties in the way of carrying out the strict letter of the provisions of this Zoning Code, the Board of Appeals shall have the power in a specific case to vary the application of any such provision in harmony with the general purpose and intent of this Zoning Code so that the public health, safety, morals and general welfare may be secured and substantial justice done.

Instructions for applying for an Appeal:

1. Complete the application for appeal.

2. Submit application and application fee 14 days prior to scheduled meeting.

3. Make checks payable to City of Seven Hills for Application Fees:
   $150.00 for commercial projects
   $ 75.00 for residential projects.

Council shall have the power to approve, amend, modify or reverse any decision of the Board of Zoning Appeals if Council finds that the decision of the Board is contrary to the purpose and intent of the zoning ordinances. Such review by Council shall be made within ninety days.
ZONING BOARD OF APPEALS

Instructions

1. State address or permanent parcel number for which Variance is being requested.

2. Type or print full name of person presenting application.

3. List complete mailing address and telephone number of person presenting application.

4. Type or print full name of person, firm, corporation or partnership seeking to be heard by the Board.

5. List mailing address and telephone number of person, firm, corporation or partnership. If mailing address to which notice of meeting is to be sent is different, please note.

6. If an attorney will represent you, indicate his name, address and telephone number.

7. **Twelve (12)** drawings or plans should be included with request to clarify matters and to avoid misunderstandings.

8. State in your own words all-pertinent information involved in this matter. If your information is not complete, it may be necessary for the Board to request additional information before this matter can be set on its agenda.

9. Bring to this hearing any documents, drawings, photos, other materials or evidence along with your testimony to help demonstrate your need for the variance.

10. Indicate action you are requesting the Board to take. For example:

    “The Board is requested to grant a Variance in this instance because of the hardship which now prevails”

THIS APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT

Upon receipt of a valid request, the Board will in due course notify the applicant as to the date upon which it will hear the matter requested or such other action as it will take regarding the matter.

No matter will be heard by the Board unless a proper application has been submitted.

One copy of the completed application is to be submitted along with the fee.

Our mailing address is:  City of Seven Hills

Building Department

7325 Summitview Drive

Seven Hills, Ohio 44131

Make check payable to the **City of Seven Hills**. Residential Fee - **$75.00**    Commercial Fee **$150.00**
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.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

Signature of Applicant: ________________________________    Date: ___________________

Receipt No. ____________    Fee Paid: ______________