



CITY OF ELYRIA – BUILDING DEPT.

131 Court Street, Suite 101. Elyria, OH 44035-5511
440.326.1491

APPLICATION FILING FOR THE BOARD OF ZONING APPEALS

Please Note:

*If you are unsure on any item on this form, contact your Legal Counsel for assistance.
The City of Elyria and the Board of Zoning Appeals cannot advise you on legal matters.*

REQUIREMENTS:

1. Completed Application Form
2. Completed Authorization for Access
3. Submit with this Application form, Ten (10) collated sets which shall include:
 - a. Plot Plan drawn to scale showing,
 - b. Lot dimensions,
 - c. Location and dimensions of all existing buildings,
 - d. Distances between buildings and between buildings and property lines,
 - e. Driveway location and dimensions,
 - f. Proposed construction shown,
 - g. Elevations of proposed construction. (if applicable)
4. Written responses (please answer clearly and concisely) to each of the Factors Used to determine Practical Difficulty.
5. Application fee of \$100.00 (payable to the City of Elyria)
6. **Return this application and the denial letter to the Building Department, which at that time you will be informed of the next hearing date of the Board of Zoning Appeals.**

ADDITIONAL INFORMATION THAT MAY BE SUBMITTED, BUT NOT REQUIRED:

1. Photographs of the property and the area affected by the variance,
2. Signatures of neighbors stating they understand the request and have no objections,
3. Examples of similar structures in the neighborhood.

APPLICATION FORM
City of Elyria - Board of Zoning Appeals

Please Note:

Applicant must be the owner of record of the subject property in this request or the applicant must submit written authorization from the legal property owner at the time application is submitted.

OWNER / AUTHORIZED APPLICANT MUST APPEAR AT THE BOARD MEETING.

Applicant's Name: _____

Company Name: _____

Address: _____

Telephone: _____

Email address: _____

Property Owner's Name: _____

Address: _____

Telephone: _____

Email Address: _____

LOCATION OF PROPERTY

Property Address: _____

Permanent Parcel Number: ___ - ___ - ___ - ___ - ___ Zoning District: _____

REQUEST

Code Section(s) _____

Specific Details of Variance Request: _____

Applicant's Signature: _____ Date: _____

AUTHORIZATION FOR PROPERTY ACCESS

By signing this form, I authorize members of the City's Zoning Department and Board of Zoning Board Appeals access to the subject property for the limited purposes of photographing and/or viewing the area affected by the variance requested in this application and verification of project dimensions.

Signature: _____ Date: _____

Any dog(s) on the property? _____ YES _____ NO

Please Print or Type:

Applicant / Agent Name: _____

Property Address: _____

Property Address: _____

Ten Digit Daytime Phone Number: _____

