

# Variance Application

## Application to the Board of Zoning Appeals



City of Groveport  
Building & Zoning Department  
655 Blacklick St  
Groveport, OH 43125  
614-830-2045

Date: \_\_\_\_\_

Case # \_\_\_\_\_

**Fee: Residential Use \$50.00 (per dwelling unit)**  
**Non-Residential / Multi Family Use \$150.00**  
**Modification of Non-conforming Use \$150.00**

The Zoning Officer of the City of Groveport, Ohio has refused to issue a  Building Permit  
 Certificate of Occupancy  Certificate of Zoning Compliance at the following **address**:

\_\_\_\_\_  
**Property Address**

\_\_\_\_\_  
**Parcel #**

as it is in violation of  Building Code No. \_\_\_\_\_  Zoning Code No. \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use of Property: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

I appeal to the Board of Zoning Appeals for a variance that will allow me to do the following:

\_\_\_\_\_

Refusal constitutes a hardship because: \_\_\_\_\_

**SUBMITTAL REQUIREMENTS: Applicant shall submit this application including the property owners list (see attached form), the filing fee, and ten (10) copies of the following items to make a complete packet.**

- Survey accurately drawn to scale showing the dimensions and size of existing and proposed lots and easements.
- Size and location of existing and proposed development such as buildings, structures, signs, water supply, waste water treatment, driveways and parking, etc. Existing and proposed use of all parts of land and buildings.
- The disapproval letter that was issued by the Zoning Officer for this project.
- Any additional information concerning the subject and neighboring tracts as may be required by the Zoning Officer in order to determine compliance with and provide enforcement of the Zoning Resolution.

APPLICANT'S AFFIDAVIT:

To the best of my (our) knowledge, the above statements and attached site plan are, in all respects, true and accurate descriptions of the existing status and proposed plans for the property identified in this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Contact phone number

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Email address

**PROPERTY OWNERS LIST**

List of all property owners within, contiguous to, and directly across the street from such proposed development. List must be in accordance with the Franklin County Auditor's current tax list and must include all the below information.

The Auditor's website is: [www.franklincountyauditor.com](http://www.franklincountyauditor.com) Go to *Real Estate, Property Search*, put your address in, then go to *Mapping*, and then *Buffer Search*. If you need assistance, call the City of Groveport Building Department at 614-830-2045.

**Parcel Number:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Address: \_\_\_\_\_

Mail Address: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Address: \_\_\_\_\_

Mail Address: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Address: \_\_\_\_\_  
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Site Address: \_\_\_\_\_

Mail Address: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Address: \_\_\_\_\_

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**If additional space is needed, make copies as needed of this page.**