

City of Loveland
Building & Zoning Department
120 W. Loveland Ave.
Loveland, Ohio 45140
www.lovelandoh.gov
O-513-707-1450
F-513-583-3032



APPLICATION FOR APPEAL

FOR CITY OF LOVELAND BUILDING AND ZONING DEPARTMENT USE ONLY:

CASE # _____ DATE RECEIVED: _____ FEE RECEIPT # _____ RECEIVED BY: _____

All applications must be typewritten and filed with the Building and Zoning Department. A fee of \$100.00 for a residential property and \$100.00 for a commercial or industrial property shall be paid in-full upon receipt of the application. The application must include a plot plan clearly displaying the following information.

1. Title of the drawing with the name and address of the applicant.
2. Drawing to scale with scale notated, North arrow and date.
3. Size of the lot showing lot dimensions and dimensions of any existing or proposed structures.
4. Distances of all setback lines for all existing and proposed structures on the lot.
5. Existing and proposed driveways, walkways, patios, decks, etc.
6. Identify any existing or proposed access, utility, or drainage easements on the lot.
7. Identify all property and property owners within 300 feet of applicant's property.
8. Identify all streets, roads and subdivisions within 300 feet of the applicant's property.

All applications for commercial or industrial properties must be prepared by a certified engineer or architect seal on the plot plan. Applications for residential properties need not be rendered by a certified engineer.

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY - USE ADDITIONAL SHEETS IF NECESSARY

NAME OF APPLICANT _____

ADDRESS _____ CITY/STATE/ZIP _____

CONTACT NUMBER _____ FAX _____ EMAIL _____

PROPERTY ADDRESS FOR EACH PARCEL WITHIN THE SUBJECT PROPERTY PLEASE PROVIDE:

PROPERTY OWNER NAME	PROPERTY OWNER ADDRESS	PARCEL NUMBER

REQUEST APPEAL FROM ARTICLE _____ SUBSECTION _____

(MY) (OUR) INTEREST IN THE PROPERTY:

OWNER _____ AGENT _____ LESSEE _____ OPTIONEE _____

APPLICANT _____
Signature _____ Address _____ Phone Number _____

OWNER(S) _____
Signature _____ Address _____ Phone Number _____

DESCRIPTION OF REQUEST AND REASONS FOR A ZONING VARIANCE

CITY OF LOVELAND BUILDING AND ZONING DEPARTMENT

120 West Loveland Ave., Loveland, Ohio 45140 Telephone: (513) 683-0150

NOTE: THIS APPLICATION MUST BE TYPEWRITTEN OR PRINTED CLEARLY

THE APPLICANT SHOULD PREPARE DEFINITIVE STATEMENTS REGARDING THE FOLLOWING: (USE ADDITIONAL SHEETS IF NECESSARY)

- 1) Please describe the request for variance.
- 2) Can the property yield a reasonable return without a variance? If no, please explain.
- 3) Can there be any beneficial use of the property without a variance? If no, please explain.
- 4) Please explain whether you believe the variance requested is or is not substantial and why.
- 5) Would granting this variance substantially alter the essential character of the neighborhood? Please explain.
- 6) Would granting this variance be detrimental to surrounding property? Please explain.
- 7) Would granting this variance adversely affect the delivery of governmental services? Please explain.
- 8) Did the property owner purchase the property with knowledge of the zoning restriction? If no, please explain.
- 9) Could other methods besides a variance allow the property to be used as desired? Please explain.

Please provide a name, mailing address, and parcel ID of the owners of real property within 300 feet, in any direction, of the boundaries that is the subject of the appeal.

Property Owners

Name:

Mailing Address:

Parcel ID#