

**CITY OF MACEDONIA**  
**ZONING BOARD OF APPEALS SUPPORTING INFORMATION**

**All items MUST be submitted with completed application and application fee:**

1. Application fee is required with application. The application will be considered incomplete until the fee is paid.
  - a. Residential: \$100.00
  - b. Commercial: \$200.00
2. Site plan depicting the following:
  - a. Property address, property lines, and dimensions.
  - b. Location of main and accessory structures including property line setbacks.
  - c. Location of the variance or request for a special approval.
3. A written statement describing the nature or reason for the variance request. The statement must address and/or demonstrate the following issues in detail:
  - a. That the literal application of the code would deprive the owner of reasonable use of his/her property.
  - b. That unique or exceptional circumstances or conditions exist and apply to the property involved causing a practical difficulty.
  - c. That the granting of a variance will not be injurious to the property or improvements in the neighborhood.
  - d. That the granting of a variance will not be contrary to the purpose of the Zoning Code.
4. Nine (9) hard copies of the application, plans, and supporting information shall be submitted to the Building Department by the due date indicated on the BZA schedule of meetings.
5. Identification of all owners of all property abutting in any direction to the property(ies) of the appellant.
6. Authorization of property owner.

**PLEASE SEE NEXT PAGE FOR APPLICATION**

**THE ZONING BOARD OF APPEALS MEETS AT 6:30PM ON THE THIRD WEDNESDAY  
OF EACH MONTH IN THE COUNCIL CHAMBERS AT MACEDONIA CITY HALL  
LOCATED AT 9691 VALLEY VIEW ROAD. MEETING DATES ARE SUBJECT TO  
CHANGE. CONTACT THE BUILDING DEPARTMENT AT 330-468-8364.**

**CITY OF MACEDONIA  
REQUEST TO APPEAR BEFORE THE  
ZONING BOARD OF APPEALS**

SEE INSTRUCTION PAGE FOR MORE INFORMATION. APPELLANT IS TO PROVIDE **NINE (9)** COPIES OF SITE PLANS, PICTURES, ETC AND A WRITTEN STATEMENT. RESIDENTIAL- \$100.00; COMMERCIAL- \$200.00.

Address of property involved: \_\_\_\_\_

Nature of Request: \_\_\_\_\_

Applicant or Agent Therefore: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner (If different from applicant): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE OF APPELLANT. (AUTHORIZATION OF PROPERTY OWNER REQUIRED IF DIFFERENT FROM APPLICANT).**

By my signature, I attest to the accuracy of all statements on this form. \_\_\_\_\_ Date

**OFFICIAL USE ONLY**

Received Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Variance being requested: \_\_\_\_\_

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