

BOARD OF ZONING APPEALS APPLICATION

CITY OF HUBER HEIGHTS



PLANNING DEPARTMENT

6131 Taylorsville Road	937.233.1423
Huber Heights, Ohio 45424	937.233.1272 (Fax)

Application Number _____
 Receipt Number _____

Date Filed _____
 Amount Paid \$75.00 _____

TYPE OF ACTION REQUESTED

Check all that apply. Attach explanations & additional information as required.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Annexation & Zoning (Attach original annexation petition to this application.) <input type="checkbox"/> Annexation Agreement <input type="checkbox"/> Rezoning to _____ <input type="checkbox"/> Special Use <input type="checkbox"/> Variance from the Zoning Ordinance <input type="checkbox"/> Lot Split <input type="checkbox"/> Final Plat/Replat <input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Text Amendment <ul style="list-style-type: none"> <input type="checkbox"/> Zoning Ordinance <input type="checkbox"/> Subdivision Regulations <input type="checkbox"/> Other | <ul style="list-style-type: none"> <input type="checkbox"/> Planned Unit Development <ul style="list-style-type: none"> Basic Development Plan <input type="checkbox"/> Detailed Development Plan <input type="checkbox"/> Major Change <input type="checkbox"/> Minor Change <input type="checkbox"/> Appeal of an Administrative Decision <input type="checkbox"/> Other _____ _____ _____ |
|--|--|

APPLICANT INFORMATION

Identify the applicant & contact person on this page. Complete the attachment to list the owner(s) & other parties involved with the application.

	<u>APPLICANT</u>		<u>CONTACT PERSON</u>
Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
	_____		_____
Phone	_____	Phone	_____
Fax	_____	Fax	_____
Email	_____	Email	_____

PROPERTY INFORMATION

Project Name: _____

Location of property: _____

Book N/A Page N/A Parcel Number(s) _____

Current Zoning: _____ Proposed Zoning: _____

Property Owner's Name: _____ Telephone: _____

Address: _____

Total acres included in this application: _____

Type of Development: Residential ___ Commercial ___ Office ___ Industrial ___ Other ___

Brief description of application request:

Applicant's status: Owner _____ Lessee _____ Purchaser _____ Agent _____

Name of Engineer: _____ Telephone: _____

Attach additional information as required. Please refer to the applicable application submittal checklist.

Applicant's Signature

Applicant's Signature:

Printed Name:

The owner of the property, if other than the applicant, must sign this application as evidence of concurrence with the request.

OWNER

Subscribed and sworn to before me this ____ day of _____, 20____.

NOTARY PUBLIC

BY THE ABOVE SIGNATURE, THE APPLICANT HEREBY ATTESTS TO THE TRUTH AND EXACTNESS OF ALL INFORMATION SUPPLIED AND SUBMITTED ON AND WITH THIS APPLICANT. BY THE ABOVE SIGNATURE, THE APPLICANT FURTHERMORE CONSENTS TO BE BOUND BY THIS APPLICATION, BY ANY AGREEMENT MADE BY THE APPLICANT OR ITS AGENT, AND BY ALL DECISIONS MADE BY THE CITY OF HUBER HEIGHTS RELATING TO AND IN CONNECTION WITH APPLICATION AND REQUESTS.

=====

Date Received _____ Fee Paid _____ Received by _____

BOARD OF ZONING APPEALS APPLICATION SUBMITTAL CHECKLIST
CITY OF HUBER HEIGHTS



ZONING DEPARTMENT

- Submit a statement addressing the following items:
 1. State fully the facts on which this application or appeal is based.
 2. Provide a list of the names and addresses of owners of all lots and properties that touch and are directly across the street from the said property, as shown on the County Auditor's records. A list of the properties identified by parcel ID Number and a map from the County Auditor's office showing the parcel ID Numbers is recommended.
 3. State the section or sections of the Zoning Ordinance under which it is claimed this application or appeal may be granted.
 4. Has a previous application or appeal been filed in connection with these premises? If yes, please provide the date of previous filing.

- Other information as requested by the City.

FEE SCHEDULE - CITY OF HUBER HEIGHTS PLANNING & ZONING

ZONING

Accessory Building	\$ 30.00
Alteration (Exterior Only)	
Commercial/Residential	\$ 30.00
Carport	\$ 30.00
Commercial TV/Radio	\$ 100.00
Cellular / Co-Location	
Construction Trailer/Office	\$ 30.00
Festivals/Carnivals	\$ 30.00
Fireplace	\$ 30.00
Garage – Attached/Detached	\$ 30.00
Hot Tub	\$ 30.00
Mobile Food Vending	\$ 100.00
Outdoor Sales	\$ 100.00
Patio Cover / Pergola	\$ 30.00
Patio Enclosure	\$ 30.00
Pre-Sale Inspections	\$ 40.00
Pre-Sale Multi-Unit	\$ 20.00 per unit
Re-Inspection	\$ 20.00
(after 2nd inspect)	
Room Addition	\$ 30.00
Signs:	
Temporary Signs	\$ 25.00 /30 days (limit 3 per year)
Permanent Signs	\$ 30.00 + \$1.00 per sq. ft.
Storage Shed	\$ 30.00
Swimming Pool	\$ 30.00
Temporary Dumpster	\$ 30.00/60 days (limit 2 per year)
Temporary Storage	\$ 30.00/30 days (limit 3 per year)
Transfer of Responsibility	\$ 25.00
Transfer of Special Use	\$ 50.00
Zoning Compliance Certificate	\$ 50.00
BZA	\$ 75.00

STRUCTURES – NEW CONSTRUCTION:

Single Family Dwelling	\$ 150.00
Multiple Family Dwelling	\$ 75.00 per unit
Commercial, Industrial, & Public Structures	\$ 150.00 + \$ 50 per additional 1,000 sq. ft. over 5,000 sq. ft

PLANNING

Amendment to Zoning Ord	\$ 200.00
Appeal of Admin Decision	\$ 75.00
BZA (Variance)	\$ 75.00
Codified Ordinances	\$ 75.00
Basic Development Plan	\$ 500.00
Combined Development Plan	\$ 800.00 + \$25 per acre
Comprehensive Dev Plan	\$ 35.00
Detailed Development Plan	\$ 300.00 + \$25 per acre
Preliminary Plat	\$ 100.00
Final Plat	\$ 40.00 per acre
Replat	\$ 40.00 per acre
Lot Splits	\$ 50.00 per new lot created
Major Change to PUD	\$ 250.00
Minor Change to PUD	\$ 150.00
Rezoning	\$ 200.00
Special Use	\$ 150.00
Transfer of Special Use	\$ 50.00
Subdivision Regulations	\$ 10.00