

City of Bedford
165 Center Road
Bedford, Ohio 44146

BOARD OF ZONING APPEALS

Held on 4th Tuesdays as needed @ 6pm (\$75.00 FEE)

Deadline for submission – 30 days prior to meeting

**The Board of Zoning Appeals recommendation with be
given to Council. Council will then make the final
decision based on the recommendation from the Board
of Zoning Appeals**

DATE FILED _____

APPLICANT'S NAME _____

ADDRESS _____

PROPERTY OWNER (If other than above):

NAME _____ PHONE NO. _____

ADDRESS _____

INTEREST OF APPLICANT IF OTHER THAN OWNER:

PROPERTY LOCATION _____ PP NO. _____ ZONE _____

PRESENT USE OF PROPERTY: _____

REASON FOR FILING APPEAL: _____

BUILDING COMMISSIONER CERTIFIES THAT STAY OF PROCEEDINGS DOES [☐] DOES NOT [☐]
PRESENT CAUSE FOR IMMINENT PERIL TO LIFE OR PROPERTY, OR THIS SECTION IS NOT
APPLICABLE.

INFORMATION REQUIRED TO BE INCLUDED WITH THIS SUBMISSION:

- A. SIZE, HEIGHT, LOCATION AND SKETCH OF ALL CONDITIONS PERTINENT TO THIS APPEAL
- B. PLOT PLAN SHOWING LOCATION OF ALL BUILDINGS ON PROPERTY AND ALL CONDITIONS PERTINENT TO THIS APPEAL AND ADJOINING PROPERTIES.

AUTHORIZATION TO PROCEED (For office use ONLY)

_____ 1919.03 (a) (1) A NON-CONFORMING USE

_____ 1919.03 (a) (1) B1 TEMPORARY USE FOR NOT MORE THAN 12 MONTHS

_____ 1913.03 (a) (1) B2 TEMPORARY USE

_____ 1919.03 (a) (2) INTERPRETATION OF ZONING MAP

_____ 1919.03 (b) (1) ADMINISTRATIVE REVIEW

_____ 1919.03 (b) (2) VARIANCES

BOARD OF ZONING APPEALS

THE APPLICANT REQUESTS THAT THIS BOARD SHOULD VARY THE TERMS OF CODIFIED
ORDINANCE NO. _____ WHICH WILL NOT BE CONTRARY TO THE PUBLIC INTEREST,
WHERE, OWING TO SPECIAL CONDITIONS, A LITERAL ENFORCEMENT OF THE PROVISIONS OF
THIS ORDINANCE WILL RESULT IN UNNECESSARY HARDSHIP WHILE KEEPING TO THE SPIRIT
OF THIS ORDINANCE AND DOING SUBSTANTIAL JUSTICE.

SET FORTH SPECIAL CONDITIONS PERTINENT TO THIS APPEAL: _____

SET FORTH UNNECESSARY HARDSHIP IMPOSED ON THE OWNER OF PREMISES IF STRICT LETTER OF
THE ORDINANCE WAS TO BE ENFORCED: _____

THE FOREGOING STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST
OF MY KNOWLEDGE, TO THIS I ATTEST WITH MY SIGNATURE.

SIGNATURE _____

DATE _____

SIGNED AND SWORN BEFORE ME A NOTARY PUBLIC FOR THE STATE OF OHIO THIS _____
DAY OF _____ 19 _____ AT _____, OHIO, COUNTY OF CUYAHOGA.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

SEAL