

City of Bedford  
165 Center Road  
Bedford, Ohio 44146

**BOARD OF ZONING APPEALS**

(File (8) eight copies with the Building Commissioner)  
Held on 4th Tuesdays as needed @ 7pm (\$75.00 FEE)  
Deadline for submission - 7 weeks prior to meeting

APPLICATION NO. \_\_\_\_\_ FEE PAID \_\_\_\_\_ 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

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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