

APPLICATION FOR BOARD OF ZONING APPEALS

(Last Updated 07/29/2020)



INSTRUCTIONS

- Please complete the following application and mail to City of Youngstown Zoning Dept., Youngstown City Hall, 26 S. Phelps St. 5th Floor, Youngstown, OH 44503.
- Please also include a permit application fee (via check, cash, or money order) made payable to the City of Youngstown in the following amount:

	New Building	Other Alteration
Residential Use	\$75.00	\$25.00
Commercial/Institutional Use	\$100.00	\$50.00
Industrial Use	\$200.00	\$75.00
- This application may be withdrawn at any time by the Applicant upon written notice to the Secretary of the Board of Zoning Appeals and City Planning Commission. There shall be no refund after the notice of hearing on the request has been submitted for newspaper publication.
- This application **will result in a public hearing**. The application must be submitted 14 days prior to the next Board of Zoning Appeals meeting to be put on that meeting's agenda.

APPLICANT INFORMATION

Date of Application	
Name of Applicant	
Mailing Address	
Phone Number	
Email Address	

PROPERTY INFORMATION

Owner		Parcel ID	
Address		Current Zoning	
Supporting Information: You must attach (1) a copy of the order of the Chief Zoning Enforcement Officer and (2) a plot plan, drawn to scale, showing the dimension and shape of the lot, the size and location of existing buildings and the dimensions of proposed buildings and any natural or topographical peculiarities of the lot in question.			

REASON FOR APPEAL (CHECK ONE)

The undersigned requests a review of the decision of the Chief Zoning Enforcement Officer wherein the officer:

<input type="checkbox"/> Refused to Issue/Denied a Zoning Permit	<input type="checkbox"/> Issued a Notice of Zoning Violation
The nature of the Applicant's variance or challenge is as follows (Explain):	

SIGNATURE

The undersigned hereby certifies that the information contained in this application is true and accurate; that he or she requests a review of the decision of the Chief Zoning Enforcement Officer.

Signature of Applicant: _____

Date: _____

CITY OFFICE USE ONLY

Date Received		Code Section	
Staff Initials		Case Number	
Fee Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receipt #:	Hearing Date