

City of Springboro
320 W. Central Avenue
Springboro, Ohio 45066
(937) 748-9791 Phone
(937) 748-6860 Fax

Application for Board of Zoning Appeals

Date: _____

Name: _____

Address: _____

Phone: _____

Zoning District: _____

Request for:

Appeal _____ (see section 1262.15 attached)

Variance _____ (see section 1262.20 attached)

Conditional Use _____ (see section 1262.19 attached)

Briefly explain request: _____

Written application attached: as per 1262.15 _____ as per 1262.19a _____ as per 1262.20a _____

Attach a list of property owners within 200 feet of all property boundaries: _____ (owner is to provide this information)
(include names, addresses and zip codes)

Attach copy of certified site plan (if required) _____

The above request shall be heard by the Board of Zoning Appeals of the City of Springboro at the earliest date allowed by law. The Board meets on the 3rd Wednesday of the month as required. Allow 45-60 days for advertising, clerical work and scheduling of the meeting. All public notice ads will be mailed by Certified Mail, return receipt requested. The public notice ad will be placed in 2 newspapers of general circulation at least 30 and 23 days prior to the meeting. All adjoining property owners, as submitted by applicant, will also be notified by Certified Mail, return receipt requested.

I, the applicant, hereby certify that I have read the information in the application packet and provided the Building and Zoning Department of the City of Springboro with all the requested documentation and also agree to pay all actual costs incurred by the City of Springboro, which will be billed to me by the City of Springboro.

Applicant: _____

Date: _____