



VILLAGE OF GENEVA~ON~THE~LAKE

4929 South Warner Drive
Geneva~on~the~Lake, Ohio 44041
Phone: 440-466-8197
Fax: 440-466-8911
www.genevaonthelake.org

APPEAL TO BOARD OF ZONING APPEALS

You have 20 days from the date of denial to appeal to the Board of Zoning Appeals any decision made by the Zoning Inspector. You must complete this form in its entirety, and submit it to the Village Administrative Assistant within the designated time period, along with the appeal filing fee. Appeal filing fees are on a sliding scale (see below). Please make checks payable to the Village of Geneva on the Lake.

Date: _____

Name of Applicant: _____

Address of Applicant: _____

Home Phone: _____ Work or Cell: _____

Location of project: _____

Attach a copy of the denial by the zoning inspector.

Date of zoning permit denial: _____

Date appeal submitted to Village Hall: _____

Type of zoning appeal: _____

Board of Zoning Appeals Sliding Fee Scale

Signs/Fences	New Commercial Building	New Home	All Other
\$30.00	\$125.00	\$100.00	\$50.00

Note: Do not accept application until all items have been received.

*****Village Office Use Only*****

- _____ Filing fee paid
- _____ Copy of zoning denial attached
- _____ Copy of plat drawing showing building and boundaries attached

Receipt #: _____
 Payment Method: _____
 Date Received: _____
 Received By: _____

APPEAL TO BOARD OF ZONING APPEALS

Complete below to the best of your abilities:

1. Are you appealing the decision of the Zoning Inspector alleging an error or mistake? If so, please state the error or mistake you believe the Inspector made in denying your application. YES / NO _____.

2. The property in question [will/will not] yield a reasonable return and there [can/cannot] be a beneficial use of the property without the variance because

_____.

3. The variance is [substantial/insubstantial] because _____

_____.

4. The essential character of the neighborhood [would/would not] be substantially altered or adjoining properties [would/would not] suffer a substantial detriment as a result of variance because _____

_____.

5. The variance [would/would not] adversely affect the delivery of governmental services (e.g. water, sewer, garbage).

6. The applicant purchased the property [with/without] knowledge of the zoning restriction.

7. The applicant's predicament feasibly [can/cannot] be resolved through some method other than a variance.

8. The spirit and intent behind the zoning requirement [would/would not] be observed and substantial justice [done/not done] by granting the variance because

_____.

9. Reasons other than those enumerated above: _____

_____.

I certify that I have read the foregoing questions and answered them to the best of my ability. I understand that my appeal may be denied if I have answered any question knowing it to be false.

Signature of Applicant

Date