



# VILLAGE OF GENEVA~ON~THE~LAKE

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## 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. **Any work found without a permit or Stop Work Order issued shall double the respective permit fee (Ord. 2020-81).**

Date: \_\_\_\_\_ Name of Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Address location of project: \_\_\_\_\_

Date of zoning permit denial: \_\_\_\_\_ Attach a copy of the denial by the zoning inspector.

Date appeal submitted to Village Hall: \_\_\_\_\_

Type of zoning appeal:  Zoning Inspector Decision       Area Variance       Use Variance  
 Violation       Other (specify) \_\_\_\_\_

If you are appealing the decision of the zoning inspector alleging an error or mistake, please state the error or mistake you believe the inspector made in denying your application. \_\_\_\_\_

What is the basis of your appeal? Please provide a detailed explanation. \_\_\_\_\_

### Board of Zoning Appeals Sliding Fee Scale

Signs/Fences	New Commercial Building	New Home	All Other
\$100.00	\$225.00	\$225.00	\$100.00

**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**

**All questions must contain an answer. Please complete to the best of your ability.**

**Area Variances**

1. 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 \_\_\_\_\_  
\_\_\_\_\_
1. The variance is [substantial/insubstantial] because \_\_\_\_\_  
\_\_\_\_\_
2. The essential character of the neighborhood [would/would not] be substantially altered?  
Explain: \_\_\_\_\_
3. The adjoining properties [would/would not] suffer a substantial detriment as a result of variance because \_\_\_\_\_  
\_\_\_\_\_
4. The variance [would/would not] adversely affect the delivery of governmental services (e.g. water, sewer, garbage, fire, police or other).
5. The applicant purchased the property [with/without] knowledge of the zoning restriction.
6. The applicant’s predicament feasibly [can/cannot] be resolved through some method other than a variance.
7. The spirit and intent behind the zoning requirement [would/would not] be observed and substantial justice [done/not done] by granting the variance because \_\_\_\_\_  
\_\_\_\_\_

**Use Variances**

1. Does the variance requested arise from such a condition which is unique and not ordinarily found in the same zoning district; and is created by the Zoning Code and not by an action or actions of the property owner or the applicant? [Yes/No]
2. Will the variance requested adversely affect the rights of adjacent property owners or residents? [Yes/No]
3. Will the strict application of the Zoning Code of which the variance is requested constitute an unnecessary hardship upon the property owner or applicant? [Yes/No]
4. Will the variance requested adversely affect the public health, safety, morals or general welfare? [Yes/No]
5. Will the variance requested be opposed to the general spirit and intent of the Zoning Code? [Yes/No]

Reasons other than those enumerated above: \_\_\_\_\_  
\_\_\_\_\_

Name and address of each person owning land adjacent to the land for which you are seeking a permit. You can provide written statements from neighbors concerning your appeal. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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