BOARD OF ZONING APPEALS MEETING THURSDAY, NOVEMBER 16, 2023, 5:30 P.M. COUNCIL CHAMBERS 40 W MAIN ST, NEWARK, OH 43055

# **AGENDA PUBLIC HEARING**

- 1. CALL TO ORDER
- 2. APPROVAL OF MINUTES
- 3. OLD BUSINESS

#### **APPLICATION BZA-23-37**

Applicant: Kathleen Miceli

Owner:

Kathleen Miceli

Location:

589 Kenwell Dr

Proiect:

Conditional Use - Short Term Rental

Reference:

16.4

#### 4. NEW BUSINESS

#### **APPLICATION BZA-23-40**

Applicant:

Kessier Sign Co

Owner:

City of Newark

Location:

15 N 3rd St

Project:

Freestanding Sign

Reference:

135.7/135.8

#### **APPLICATION BZA-23-41**

Applicant:

Clark Custom Builders

Owner:

Joshua Wayne

28 Gilbert St

Location: Proiect: Project:

New Single Family Dwelling

Reference:

16.8

#### **APPLICATION BZA-23-42**

Applicant:

Riccardo Rigoli

Owner:

Elwin & Linda Russell

Location:

1422 Morgan Bryan Dr

Project:

Porch 16.8

Reference:

THE NEXT SCHEDULED BOARD OF ZONING APPEALS MEETING WILL BE HELD ON THURSDAY, DECEMBER 28, 2023, 5:30 P.M. THE DEADLINE FOR AGENDA ITEM SUBMITTAL IS DECEMBER 1, 2023, 4:30PM.

#### 5. ADJOURNMENT

# CITY OF NEWARK

Zoning Application #





c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

BOARD OF ZONING APPEALS APPLICATION			
Rev 2/10			
Owner			
Name: Tothleen J Miceli	Telephone: 748 973 3586		
Name: Karhleen J Miceli Address: 6063 Pleasant Chapel Rd	E-mail: chefkethy 2004@gha.com		
Applicant			
Name:	Telephone:		
Address:	E-mail:		
Lessee			
Name:	Telephone:		
Address:	E-mail:		
Davad			
Parcel			
Address of Parcel: (Number & Street, City, State, Zip)	Auditor's Parcel #:		
589 Kenwell Dr Newall oh 43055	41- 0-11		
On the North South East West side of the street, between and	the following intersections:		
Subdivision Name:	Lot Number:		
R	· · · · · · · · · · · · · · · · · · ·		
Zoning Classification:  If filling out electronically, click box to display dropdown	Proposed Use: If filling out electronically, click box to display dropdown		
Things of the control	(Specify Use): Shoot team Ecatal		
Notes: (Optional)			
Appeal			
The Application is a request to permit the following:			
Erection ☐ Alteration ☐ Maintenance ☐ Co In accordance with the plans filed herewith, describe the building	nversion ☐ Conditional Use ☐ ☐		
•			
Short Term Rental			

# **Appeal Continued**

This project is not permitted by the Zoning Code for the following reason(s):

Short term Rentalis are a conditional use

Please outline the circumstances, which you feel would warrant a variance to the requirements of the **Zoning Code:** 

The home is now in perfect condition. All up grades have Been done - I find Long term Has there been any previous application or appeal on these premises? Tyes No When?

This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List)

16.4

### **Required Documents**

(Must be signed and returned to the Engineering Department.)

- □A. Original Application
- List of owner names, street addresses and tax mailing addresses for all properties lying within 200 feet radius of  $\square B$ . the entire property in question. Number the parcel list. This will correspond with the Tax Map in C below.
- Tax Map from the County Engineer indicating boundaries of this property in question and properties described in  $\square C$ . B above. Number each parcel on the map to match its corresponding name, location and mailing address in list B above.
- Site Plan showing location of existing and proposed structures, property lines, setbacks and dimensions.  $\square D$ .
- Elevation drawings of the front, side and rear of the proposed building or structure. Identify all major exterior  $\Box E$ . finish materials on the elevation drawing.
- Application Fee of \$50.00 Cash or Check made payable to the City of Newark  $\Box F$ .
- Application Fee of \$25.00 for Off-Premise Variable Message Sign  $\square G$ .
- Additional documentation at the discretion of the applicant for support of the Appeal  $\square H$ .

Upon receipt of this application and the required documents listed above, you will be notified of the date and time of the hearing at which time you or a representative must appear.

Zoning Application #

BZA Appeal #

Jall - 12 [1 cd"
(Qwner/Applicant Signature)
Before me, a Notary Public in and for County in the State of, personally
appeared Kathleen J. Miceli who, by me being duly sworn, says that he is the
(Applicant's name)
of the parcel of land with reference to which the within appeal is made; and
(Applicant, owner, lessee)
that the statement of facts contained herein above is true.
Subscribed and sworn to before me this

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY				
Status:	Date:	Zoning Reviewer:	Date Notified:	Date: Royd, Date: 9-(2-7-3) Paid Date: 9-(7-7-3)
□ Incomplete			7.	Paid Date: 9 - (Z-Z-) Check Cash (circle one)
Forward to BZA	9/15/23	Bary		Check #Amount \$_50
□ Hold		Reason:		

## BOARD OF ZONING APPEALS

#### PROJECT REVIEW SHEET

#### **BZA CASE NO. 23-37**

Date of Review: 9/11/23

Address of Project: 589 Kenwell Dr Current Zoning: RM

**Project Description:** Conditional Use – Short Term Rental

#### Ordinance / Article / Section

#### Requirement / Proposal / Conclusion

08-16 16 16.4

Requirement: In the RM district, Short Term Rentals are considered a conditional use and must

be approved by the board.

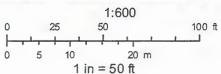
**Proposal:** The applicant proposes to operate a short-term rental

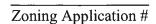


# 589 Kenwell Dr.



September 12, 2023











# **ENGINEERING & ZONING**

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

# **BOARD OF ZONING APPEALS APPLICATION**

Owner	
Name: City of NWAR	Telephone: MA
Address: 15th N. 3rd St. NWUK OH	E-mail: NA
Applicant	
Name: MSVer Jan Company	Telephone: 740-453-0668
Address: 2669 Nothing Rd. Zanesylle CH	E-mail: Ophlo Kesclersian (V)
Lessee	
Name: CHY OF NIWOK	Telephone: NA
Address: 15th N. 3rd St. New CMC OH	E-mail: NA
Parcel	
Address of Parcel: (Number & Street, City, State, Zip)  15 N 3	Auditor's Parcel #:  54-20114-00, 007  the following intersections:
Subdivision Name:	Lot Number:
Zoning Classification:  If filling out electronically, click box to display dropdown	Proposed Use: If filling out electronically, click box to display dropdown (Specify Use): OVCM MCNT BULLUTY)
Notes: (Optional) Wollde & add (1) Sgn For	the multi-tenant
In accordance with the plans filed herewith, describe the building	nversion  Conditional Use  ing or use:

Appeal Continued
This project is not permitted by the Zoning Code for the following reason(s):
1294,07 States only [ ] true Harding Sign is allowed per lot.
who are alling tox (2) total
1294 08 (table) allows 16 of for (1) sign, we have a 14st. Sign being
Please outline the circumstances, which you feel would warrant a variance to the requirements of the
Zoning Code: The CETUP and Signi nelald are tenant signi, this will
the building entrance they held to take
Has there been any previous application or appeal on these premises?   Yes No When?
This application is a request for modification of the requirements of the following Article(s)/Section(s) of
the Zoning Code: (List) 1794.07 - Sign allowandle

Req	[uired ]	Doc	cum	ents	
		4 41.	13		D

(Must be signed and returned to the Engineering Department.

A. Original Application

☑B. List of owner names, street addresses and tax mailing addresses for all properties lying within 200 feet radius of the entire property in question. Number the parcel list. This will correspond with the Tax Map in C below.

☐C. Tax Map from the County Engineer indicating boundaries of this property in question and properties described in B above. Number each parcel on the map to match its corresponding name, location and mailing address in list B above.

☑D. Site Plan showing location of existing and proposed structures, property lines, setbacks and dimensions.

Elevation drawings of the front, side and rear of the proposed building or structure. Identify all major exterior finish materials on the elevation drawing.

F. Application Fee of \$50.00 Cash or Check made payable to the City of Newark

NIG. Application Fee of \$25.00 for Off-Premise Variable Message Sign

Additional documentation at the discretion of the applicant for support of the Appeal

Upon receipt of this application and the required documents listed above, you will be notified of the date and time of the hearing at which time you or a representative must appear.

		_
Zoning	Application	#



1 Amula Land
(Owner/Applicant Signature)
Before me, a Notary Public in and for
appeared RCCQCC KESSICC who, by me being duly sworn, says that he is the
(Applicant's name) of the parcel of land with reference to which the within appeal is made; and
(Applicant, owner, lessee)
that the statement of facts contained herein above is true.
Subscribed and sworn to before me this day of October Milliam APRIL KOENIG NOTARY PUBLIC
Comm. Expires 12-22-2023
(Notary Public signature)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY				
Status:	Date:	Zoning Reviewer:	Date Notified:	<u>Date</u> : Rcvd. Date: 10/25/23
□ Incomplete				Paid Date: 10(35)23 Check Cash (circle one)
☐ Forward to BZA				Check # 56360 Amount \$ 50.00
□ Hold		Reason:		

#### **BZA CASE NO. 23-40**

Date of Review: 11/2/23

Address of Project: 15 N 3<sup>rd</sup> St Current Zoning: DC

**Project Description:** Freestanding Sign

#### Ordinance / Article / Section

#### Requirement / Proposal / Conclusion

08-16 135 135.7A2b

Requirement: In the DC District, lots are limited to one freestanding sign.

**Proposal:** The applicant proposes to erect a second freestanding sign.

**Conclusion:** The proposal requires board approval

08-16 135 135.8C1b

**Requirement:** In the DC District, freestanding signs are restricted to a sign face area of 16 sq. ft.

**Proposal:** The applicant proposes to erect two freestanding signs with a combined sign face

area of 34 sq. ft.

**Conclusion:** The proposal requires board approval

08-16 135 135.8C3a

**Requirement:** In the DC District, freestanding signs are required to have a 20 ft. setback

**Proposal:** The applicant proposes to erect two freestanding signs with a minimum setback

of 12 ft.











# **CITY OF NEWARK ENGINEERING & ZONING**

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

BOARD OF ZONING APPEALS APPLICATION				
Rev 2/10				
Owner				
Name: Jerhuy Wund	Telephone: 710) 258-2805			
Address: S760 coffermin RD Heart Bosc	E-mail: Joshawing a yano com			
Applicant				
Name: Clark custom buites (Brent)	Telephone: 6111-599-4634			
Address: S45 Metro Place South Suite 100 43017	E-mail: info@clarecus tombuilless net			
Lessee	THE STATE OF THE S			
Name:	Telephone:			
Address:	E-mail:			
Parcel				
Address of Parcel: (Number & Street, City, State, Zip)	Auditor's Parcel #:			
On the □North □South □East □West side of the street, between	the following intersections:			
and				
Subdivision Name:	Lot Number:			
Zoning Classification: If filling out electronically, click box to display dropdown	Proposed Use: If filling out electronically, click box to display dropdown (Specify Use):			
Notes: (Optional)	(aposity sus).			
	Flood: A/AE			
Appeal				
The Application is a request to permit the following:  Erection □ Alteration □ Maintenance □ Conversion □ Conditional Use □  In accordance with the plans filed herewith, describe the building or use:				
Single story room style. Formily festilicee. 3 bed 1 both with a attatened governor. Matching the existing street scape				
J J J J J J J J J J J J J J J J J J J				

### **Appeal Continued**

This project is not permitted by the Zoning Code for the following reason(s):

Section 16.8 of the Zoning Code States set back for on RH district Francians fear one 20 (front) 330 (rear)

Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code:

Due to an attached garage were asking for a 10ft verione in the front of Lot and for foot space in home were asking for 18ft verional in the rear

Has there been any previous application or appeal on these premises? □Yes △No When? N/A

This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List)

Article 16 - Section 16.8

# **Required Documents**

Must be signed and returned to the Engineering Department.)

- ☐A. Original Application
- □B. List of owner names, street addresses and tax mailing addresses for all properties lying within 200 feet radius of the entire property in question. Number the parcel list. This will correspond with the Tax Map in C below.
- ☐C. Tax Map from the County Engineer indicating boundaries of this property in question and properties described in B above. Number each parcel on the map to match its corresponding name, location and mailing address in list B above.
- D. Site Plan showing location of existing and proposed structures, property lines, setbacks and dimensions.
- □E. Elevation drawings of the front, side and rear of the proposed building or structure. Identify all major exterior finish materials on the elevation drawing.
- ☐F. Application Fee of \$50.00 Cash or Check made payable to the City of Newark ⇒15
- ☐G. Application Fee of \$25.00 for Off-Premise Variable Message Sign
- ☐H. Additional documentation at the discretion of the applicant for support of the Appeal

Upon receipt of this application and the required documents listed above, you will be notified of the date and time of the hearing at which time you or a representative must appear.

I	DO NOT WRITE	BELOW THIS LINE FOR	OFFICE USE ONLY	
Status:	Date:	Zoning Reviewer:	Date Notified:	Date: Rcvd. Date: 11-23
□ Incomplete				Paid Date: Check Cash (circle one)
☐ Forward to BZA				Gheck# Coard Amount \$ 75.00
□ Hold		Reason:		

# BOARD OF **Z**ONING **A**PPEALS

#### PROJECT REVIEW SHEET

#### **BZA CASE NO. 23-41**

Date of Review: 11/2/23

Address of Project: 28 Gilbert St Current Zoning: RH

**Project Description:** New Single Family Dwelling

B.Z.A. Approval Required?------ Yes
Planning Commission Approval Required?------ No
Engineer's Approval Required?------ No
Law Director's Approval Required?----- No
City Council Approval Required?----- No

#### Ordinance / Article / Section

#### Requirement / Proposal / Conclusion

08-16 16 16.8

Requirement: In the RH District, the required rear yard setback is 30 ft. and the required front

yard setback is 20 ft.

**Proposal:** The applicant proposes to build a new single family dwelling with a proposed

rear setback of 12 ft. and a proposed front yard setback of 10 ft.









# CITY OF NEWARK ENGINEERING & ZONING

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

Name: RUSSELL EIWIN + LINGA Telephone:  Address: 1422 Molgan brynn E-mail:  Applicant  Name: RICARDO RIGOU Telephone: 740-403-4577  Address: 2180 NORTH ST. E-mail: RIC 1956 @ YAttoo.c  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address: E-mail:  Parcel  Address: E-mail:  Cosumber & Street, City, State, Zip)  1422 Morgan Brynn Drus	Rev 2/10 BOARD OF ZONING APPEALS					
Applicant  Name: RICARDO RIGOU  Address: 2180 NORTH ST. E-mail: RIC 1956 DYAHROO.  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAD BRYAD DAVE  On the North South East West side of the street, between the following intersections: and  Subdivision Name: Lot Number:  If filling out electronically, click box to display dropdown (Specify Use):						
Applicant  Name: RICARDO RIGOU  Address: 2180 NORTH ST. E-mail: RIC 1956 DYAHROO.  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAD BRYAD DAVE  On the North South East West side of the street, between the following intersections: and  Subdivision Name: Lot Number:  If filling out electronically, click box to display dropdown (Specify Use):	Name: RUSSELL, Elwin + Linda	Telephone:				
Applicant  Name: RICARDO RIGOU  Address: 2180 NORTH ST. E-mail: RIC 1956 O YAHROO.  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAN BRYAN DRIG OS4-286350-00.133  On the North South East West side of the street, between the following intersections: and  Subdivision Name: Lot Number:  If filling out electronically, click box to display dropdown (Specify Use):	Address: 1422 Molgan Bryan	E-mail:				
Address: 2180 NOMH ST. E-mail: Rc 1956 Q YAHOO. C  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 Morgan Bryan Dave 054-286350-00.133  On the North South East West side of the street, between the following intersections: and  Subdivision Name: Lot Number:  If filling out electronically, click box to display dropdown (Specify Use):						
Address: 2180 NOMH ST. E-mail: Rc 1956 Q YAHOO. C  Lessee  Name: Telephone:  Address: E-mail:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAN BRYAN DRUG OS4-286350-00.133  On the North South East West side of the street, between the following intersections: and  Subdivision Name: Lot Number:  If filling out electronically, click box to display dropdown (Specify Use):	Name: RICCARDO RIGOLI	Telephone: 740-403-4597				
Name:  Address:  Parcel  Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAN BRYAN DAVE  On the North South East West side of the street, between the following intersections: and  Subdivision Name:  Lot Number:  1792  Proposed Use:  If filling out electronically, click box to display dropdown (Specify Use):	Address: 2180 NORTH ST.					
Address of Parcel: (Number & Street, City, State, Zip)    1422   MORGAN BRYAN DRUG   OS4-286350-00.133     On the   North   South   East   West side of the street, between the following intersections: and     Subdivision Name:   Lot Number:						
Address of Parcel: (Number & Street, City, State, Zip)    1422   MORGAD   BRYAD DRUGE   OS4-286350-00.133     On the   North   South   East   West side of the street, between the following intersections: and     Subdivision Name:   Lot Number:     1792     Zoning Classification:   If filling out electronically, click box to display dropdown (Specify Use):	Name:	Telephone:				
Address of Parcel: (Number & Street, City, State, Zip)    1422   MORGAN BRYAN DRUS   OS4-286350-00.133   On the North South East West side of the street, between the following intersections: and   Lot Number:   11792   Zoning Classification:   If filling out electronically, click box to display dropdown (Specify Use):	Address:	E-mail:				
Address of Parcel: (Number & Street, City, State, Zip)  1422 MORGAN BRYAN DRUG  OS4-286350-00.133  On the North South East West side of the street, between the following intersections:  and  Subdivision Name:  Lot Number:  11792  Zoning Classification:  If filling out electronically, click box to display dropdown (Specify Use):	Datasal					
1422 MORGAN BRYAN DRIVE 054-286350-00.133  On the □North □South □East □West side of the street, between the following intersections: and  Subdivision Name: Lot Number: 11792  Zoning Classification: Proposed Use: If filling out electronically, click box to display dropdown (Specify Use):	Parcel					
Subdivision Name:  Lot Number:  11792  Zoning Classification:  If filling out electronically, click box to display dropdown (Specify Use):						
Subdivision Name:  Lot Number:  11792  Zoning Classification:  If filling out electronically, click box to display dropdown (Specify Use):	On the Direct Death Death Death Dive	054-286350-00,133				
Zoning Classification:  If filling out electronically, click box to display dropdown  [Specify Use]:		een the following intersections:				
Zoning Classification:  If filling out electronically, click box to display dropdown  (Specify Use):	Subdivision Name:					
If filling out electronically, click box to display dropdown  (Specify Use):		11792				
	Zoning Classification: If filling out electronically, click box to display dropdown	If filling out electronically, click box to display dropdown				
	Notes: (Optional)					
·	•	(Specify Use):				
	Appeal					
Anneal	rippear					

Erection Maintenance Conversion Conditional Use In accordance with the plans filed herewith, describe the building or use:

CONSTRUCTION OF A ROOF 16/X13' OVER AN EXISTING

12'X12' DEEK

Appeal Continued								
This project is not permitted by the Zoning Code for the following reason(s):								
PROPERTY IS ZONED RL WITH A REQUIRED BACK YAND								
THE POLICE OF THE WILL A LOCALING SHOW AND								
SET BACK FROM PRIMARY STRUCTURE OF 40' AND PROPOSED								
ROOF CONSTRUCTION WOULD BE 34' REQUIREMENTANCE OF 6'								
Please outline the circumstances, which you feel would warrant a variance to the requirements of the								
Zoning Code:								
AT PIESER DECK USE IS LITTED BY NOT								
HAVING A ROOF OVER IT								
Has there been any previous application or appeal on these premises?   Yes When?								
This application is a request for modification of the requirements of the following Article(s)/Section(s) of								
the Zoning Code: (List)								
ART 16 SECTION 16.8								
Required Documents								

	Required Documents
	(Must be signed and returned to the Engineering Department.)
□A.	Original Application
$\square B$ .	List of owner names, street addresses and tax mailing addresses for all properties lying within 200 feet radius of
	the entire property in question. Number the parcel list. This will correspond with the Tax Map in C below.
$\Box C$ .	Tax Map from the County Engineer indicating boundaries of this property in question and properties described in
	B above. Number each parcel on the map to match its corresponding name, location and mailing address in
	list B above.
$\square D$ .	Site Plan showing location of existing and proposed structures, property lines, setbacks and dimensions.
$\Box E$ .	Elevation drawings of the front, side and rear of the proposed building or structure. Identify all major exterior
	finish materials on the elevation drawing.
$\Box F$ .	Application Fee of \$50.00 Cash or Check made payable to the City of Newark
□G.	Application Fee of \$25.00 for Off-Premise Variable Message Sign
□H.	Additional documentation at the discretion of the applicant for support of the Appeal

Upon receipt of this application and the required documents listed above, you will be notified of the date and time of the hearing at which time you or a representative must appear.

( Lho Qi						
(Owner/Applicant Signature)						
Before me, a Notary Public in and for County in the State of, personally						
appeared Rigol who, by me being duly sworn, says that he is the (Applicant's name)						
of the parcel of land with reference to which the within appeal is made; and (Applicant, owner, lessee)						
that the statement of facts contained herein above is true.						
Substitute all as worn to before me this POLLY A, KEMP  NOTARY PUBLIC  STATE OF OHIO  MY COMMISSION EXPIRES  (Notary Public signature)						

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY							
Status:	Date:	Zoning Reviewer:	Date Notified:	Date: Rcvd. Date: 6-17-7-3			
□ Incomplete				Paid Date: 6 7 7 5 Check Cash (circle one)			
☐ Forward to BZA				Check # (3293 Amount \$ 50,00			
□ Hold		Reason:					

BOARD OF **Z**ONING **A**PPEALS

PROJECT REVIEW SHEET

#### **BZA CASE NO. 23-42**

Date of Review: 11/2/23

Address of Project: 1422 Morgan Bryan Dr Current Zoning: RL

Project Description: Porch

#### Ordinance / Article / Section

#### Requirement / Proposal / Conclusion

**Requirement:** In the RL district, the required rear yard setback is 40 ft.

**Proposal:** The applicant proposes construct a roof over an existing deck. This will leave the

porch with a 33 ft. setback from the rear property line.

