



Board of Zoning Appeals
 C/o Engineering Dept.
 40 West Main St, 2nd Flr.
 Newark, Ohio 43055
 (740) 670-7727
 (740)349-5911 Fax

City of Newark Board of Zoning Appeals Application

Zoning File # _____
 BZA Application # _____
 Date Received: _____
 Received by: _____
 Amount Due: \$ _____
 Receipt # _____

[CITY OF NEWARK, OHIO | BOARD OF ZONING APPEALS](#)

Rev 8/13

Owner	
Name:	Telephone:
Address:	E-mail:
I would prefer to have agendas mailed rather than e-mailed <input type="checkbox"/>	
Applicant	
Name:	Telephone:
Address:	E-mail:
I would prefer to have agendas mailed rather than emailed <input type="checkbox"/>	
Parcel	
Address of Parcel:	Auditor's Parcel Number:
On the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: and	
Subdivision Name:	Lot Number:
Zoning Classification: <small>If filling out electronically, click box to display dropdown</small>	Proposed Use: <small>If filling out electronically, click box to display dropdown (Specify Use):</small>
Appeal	
This Application is a request to permit the following: Erection <input type="checkbox"/> Alteration <input type="checkbox"/> Maintenance <input type="checkbox"/> Conversion <input type="checkbox"/> Conditional Use <input type="checkbox"/> In accordance with the plans filed herewith, describe the building or use: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
This project is not permitted by the Zoning Code for the following reason(s): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	
Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	
Has there been any previous application or appeal on these premises? <input type="checkbox"/> No <input type="checkbox"/> Yes When?	
This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List) <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>	

Required Documents and Appeal Process Overview

- Call the Newark City Engineering Department to schedule an Engineering Review.**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
Note: A Zoning Reviewer signature is required. See Office Use Section below.
- Obtain a Real Estate Tax Map, and Auditor’s Parcel Numbers**
(Obtain from: Licking County Engineers Office, 20 South 2nd Street(3rd Floor) (740)670-5280 or www.lcounty.com)
*Note: Submit 1 paper copy or 1 digital copy**
 - Tax Map must show properties within 200ft radius of the parcel
- Obtain a Project Site Plan**
*Note: Submit 1 paper copies and 1 digital copy**
 Site plans must meet the following requirements:
 - Plan is drawn to scale Shows the location of existing and proposed structures
 - Shows property and setback lines Shows dimensions of structures and any other proposed improvements
 - Plans must show all parking, landscaping and signage requirements
- Obtain Building Elevations**
*Note: Submit 1 paper copies and 1 digital copy**
 - Elevation drawings show front, side and rear elevation measurements
 - Show the property as if the proposed project were already completed All major exterior finish materials are identified
- Obtain Other Exhibits**
*Note: Submit 1 paper copies and 1 digital copy**
 Include photos, information or data which the applicant deems necessary for proper consideration of the application. (See Newark Zoning Ordinance 08-33, Article 150.)
- Submit Original Board of Zoning Appeals Application and attachments given above**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
*Note: Submit 1 paper copy and 1 digital copy**
 - All questions are answered completely or N/A is noted Notarized Owner signature is present
 - Owner authorization statement is present if using a Representative

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 a representative must attend.
- Pay the Appropriate Application Fee: Residential \$75 Commercial or Multi-Family \$200**
Newark City Engineering Department, 40 West Main Street (2nd Floor) (740)670-7727
 - Check is made payable to the “City of Newark” If the application is for an Off-Premise Variable Message Sign, the fee is \$150. Sec 150.4.1.(4)(5)
- Attend the Board of Zoning Appeals Meeting**
Newark City Council Chambers, 40 West Main Street (1st Floor)
Note: Meetings are held the fourth Thursday of each month at 5:30pm. Be prepared to answer Members’ questions.
- A Decision Letter will be mailed to you after the meeting**
**Digital files should be submitted in PDF, TIF, or JPG format - on disk, or email to zoninspector@newarkohio.net*

 (Owner/Applicant Signature)

Before me, a Notary Public in and for _____ County in the State of _____, personally appeared _____ who, by me being duly sworn, says that he is the **Applicant, Owner, or Lessee** (circle one) of the parcel of land with reference to which the within appeal is made; and that the statement of facts contained herein above is true. Subscribed and sworn to before me this _____ day of _____, 20_____. Notary Signature: _____

Do not write below this line- For Office Use Only

Status:	Date:	Zoning Reviewer:	Date Notified:
<input type="checkbox"/> Incomplete			
<input type="checkbox"/> Forward to BZA			
<input type="checkbox"/> Hold		Reason:	