



# City of Macedonia

## The Crossroads of Northeast Ohio

9691 Valley View Road • Macedonia, Ohio 44056  
(330) 468-8360 • FAX (330) 468-8396

Building/Engineering/Zoning/Planning Department

## ZONING BOARD OF APPEALS

### REQUIREMENTS and MEETING DATES

All items **MUST** be submitted with completed application and fee.

1. **Board of Zoning Appeals Application** and fee.
  - a. Residential: \$100
  - b. Commercial: \$200
2. **Site plan** depicting the following:
  - a. Property address, property lines, and dimensions
  - b. Location of main and accessory structures including property line setbacks
  - c. Location of the variance or request for special approval
3. A **written statement** describing the nature or reason for the variance request. The Board shall review each application for a variance to determine if it complies with the purpose and intent of this Zoning Code and evidence demonstrates that the literal enforcement of this Zoning Code will result in practical difficulty or unnecessary hardship.

#### **Area Variance.**

The following factors shall be considered and weighed by the Board to determine practical difficulty:

- a. Whether special conditions and circumstances exist which are peculiar to the land or structure involved and which are not applicable generally to other lands or structures in the same zoning district. Examples of such special conditions or circumstances are exceptional irregularity; narrowness, shallowness, or steepness of the lot; or proximity to non-conforming and inharmonious uses, structures, or conditions.
- b. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance;
- c. Whether the variance is substantial and is the minimum necessary to make possible the reasonable use of the land or structures;
- d. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer substantial detriment as a result of the variance;
- e. Whether the variance would adversely affect the delivery of governmental services such as water, sewer, trash pickup;
- f. Whether the property owner purchased the property with knowledge of the zoning restrictions;
- g. Whether special conditions or circumstances exist as a result of actions of the owner;
- h. Whether the property owner's predicament feasibly can be achieved through some method other than a variance;
- i. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting a variance;
- j. Whether the granting of the variance requested will confer on the applicant any special privilege that is denied by this regulation to other lands, structures, or buildings in the same district; and
- k. Whether a literal interpretation of the provisions of this Code would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of this Code.



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### **Use Variance.**

The applicant must demonstrate such hardship by clear and convincing evidence that all of the following criteria are satisfied:

- a. The property cannot be put to any economically viable use under any of the permitted uses in the zoning district in which the property is located;
  - b. The variance requested stems from a condition which is unique to the property at issue and not ordinarily found in the same zone or district;
  - c. The hardship condition is not created by actions of the applicant;
  - d. The granting of the variance will not adversely affect the rights of adjacent property owners or residents;
  - e. The granting of the variance will not adversely affect the public health, safety or general welfare;
  - f. The variance will be consistent with the general spirit and intent of the Planning and Zoning Code; and
  - g. The variance sought is the minimum that will afford relief to the applicant.
4. **Nine (9) hard copies** of the application, plans, and supporting information shall be submitted to the Building Department by the due date indicated on the BZA meeting schedule.
  5. **Identification** of all owners of all property abutting in any direction to the property(ies) of the appellant.
  6. **Authorization** by the property owner.

**The Zoning Board of Appeals meets at 6:30 p.m. on the third Wednesday of each month  
in Council Chambers at Macedonia City Hall located at 9691 Valley View Road.**

**Meeting dates are subject to change.**

**Contact the Building Department at (330) 468-8364.**



Service



Commitment



Pride





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### BOARD OF ZONING APPEALS

#### Meeting Dates

2022 MEETING DATES	DEADLINE FOR SUBMITTAL
January 19, 2022	December 17, 2021
February 16, 2022	January 21, 2022
March 16, 2022	February 18, 2022
April 20, 2022	March 25, 2022
May 18, 2022	April 22, 2022
June 15, 2022	May 20, 2022
July 20, 2022	June 24, 2022
August 17, 2022	July 22, 2022
September 21, 2022	August 26, 2022
October 19, 2022	September 23, 2022
November 16, 2022	October 21, 2022
December 21, 2022	November 18, 2022

**ALL APPLICATIONS MUST BE SUBMITTED BY 3 P.M. ON THE DUE DATE: NO EXCEPTIONS**  
**ALL SETS MUST INCLUDE:**

- Application
- 9 copies of plans and supporting documentation
- Fee



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### APPLICATION FOR HEARING BEFORE THE MACEDONIA ZONING BOARD OF APPEALS

See instruction page for more information. Appellant is to provide NINE (9) copies of site plans, pictures, etc., and a written statement. (Residential fee: \$100.00; Commercial fee: \$200.00)

Address of Property Involved: \_\_\_\_\_

Nature of Request: \_\_\_\_\_

Applicant Name or Agent Therefore: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
(if different from applicant)

Property Owner Address: \_\_\_\_\_

Property Owner Phone: \_\_\_\_\_ Property Owner Email: \_\_\_\_\_

**SIGNATURE OF APPELLANT. (AUTHORIZATION OF PROPERTY OWNER REQUIRED IF DIFFERENT FROM APPLICANT)**

By my signature, I attest to the accuracy of all statement on this form \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICIAL USE ONLY

Received Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

Variance Requested: \_\_\_\_\_

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