



# CITY OF BELLBROOK

## APPLICATION FOR ZONING VARIANCE

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305  
(937) 848-4666 [WWW.CITYOFBELLBROOK.ORG](http://WWW.CITYOFBELLBROOK.ORG)

DATE RECEIVED 5 / 29 / 24 STAFF USE APPLICATION # BZA 24-02

### APPLICANT INFORMATION

PROPERTY OWNER Eric & Laurie Bolin PHONE NUMBER 740-591-3700  
OWNER ADDRESS 1796 BLEDSE Dr. BELLbrook OH 45305  
APPLICANT NAME Eric Bolin PHONE NUMBER 740-591-3700  
APPLICANT ADDRESS SAME  
APPLICANT EMAIL ebolin24@yahoo.com

### REQUEST INFORMATION

PROPERTY ADDRESS 1796 BLEDSE Dr. ZONING DISTRICT R-1A  
SUBDIVISION BELLVIEW 3 ALL LOT NUMBER 136 PARCEL ID L35000100100007400  
DESCRIBE THE GENERAL NATURE OF THE VARIANCE We are seeking a zoning variance to code (18.05A) for the addition of a 24x28-2 car garage to an existing building on our lot.

SEE THE REVERSE OF THIS PAGE FOR ADDITIONAL INFORMATION TO BE INCLUDED WITH AN APPLICATION FOR ZONING VARIANCE.

I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL FOR ANY ADMINISTRATIVE REVIEW, CONDITIONAL USE PERMIT, VARIANCE, OR EXCEPTION FROM ANY OTHER CITY REGULATIONS WHICH ARE NOT SPECIFICALLY THE SUBJECT OF THIS APPLICATION. I UNDERSTAND THAT APPROVAL OF THIS APPLICATION DOES NOT CONSTITUTE APPROVAL OF A BUILDING OCCUPANCY PERMIT. I UNDERSTAND FURTHER THAT I REMAIN RESPONSIBLE FOR SATISFYING REQUIREMENTS OF ANY PRIVATE RESTRICTIONS OR COVENANTS APPURTENANT TO THE PROPERTY.

I CERTIFY THAT I AM THE APPLICANT AND THAT THE INFORMATION SUBMITTED WITH THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE CITY IS NOT RESPONSIBLE FOR INACCURACIES IN INFORMATION PRESENTED, AND THAT INACCURACIES MAY RESULT IN THE REVOCATION OF THIS ZONING CERTIFICATE AS DETERMINED BY THE CITY. I FURTHER CERTIFY THAT I AM THE OWNER OR PURCHASER (OR OPTION HOLDER) OF THE PROPERTY INVOLVED IN THIS APPLICATION, OR THE LESSEE OR AGENT FULLY AUTHORIZED BY THE OWNER TO MAKE THIS SUBMISSION.

I CERTIFY THAT STATEMENTS MADE TO ME ABOUT THE TIME IT TAKES TO REVIEW AND PROCESS THIS APPLICATION ARE GENERAL. I AM AWARE THAT THE CITY HAS ATTEMPTED TO REQUEST EVERYTHING NECESSARY FOR AN ACCURATE AND COMPLETE REVIEW OF MY PROPOSAL; HOWEVER, AFTER MY APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY CITY STAFF, I UNDERSTAND IT MAY BE NECESSARY FOR THE CITY TO REQUEST ADDITIONAL INFORMATION AND CLARIFICATION.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT SIGNATURE Eric Bolin DATE     /    /    

OFFICE USE ONLY		
APPLICATION FEE	PAYMENT TYPE	REVIEW AUTHORITY
\$ <u>250<sup>00</sup></u>	CASH <input type="checkbox"/> CHECK <input checked="" type="checkbox"/> # <u>2644</u>	ADMINISTRATIVE, BOARD OF ZONING APPEALS
BOARD OF ZONING APPEALS	MEETING DATE <u>6 / 18 / 24</u>	APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> CONDITIONS <input type="checkbox"/>