



City of Independence

Building Department

6335 Selig Drive, Independence, Ohio 44131

216/524-1019 Fax: 216/573-1592

www.independenciohio.org

Review Board Submittal Requirements

Architectural Board of Review: Meets 1st & 3rd Thursday at 3:00 p.m. at Building Department City Hall Annex, 6335 Selig Dr.

- Four (4) complete sets of drawings
- One (1) reduced set of drawings (11" x 17")
- Submittal requirements due by noon ten (10) days prior to the meeting:
 - Architectural Board of Review Application
 - Site Plan
 - Building Elevations
 - Landscape Plan
 - Building Material Samples
 - Additional Pertinent Information

Planning Commission: Meets 1st Tuesday at 5:30 p.m. Caucus with meeting immediately following thereafter in City Hall Council Chambers, 6800 Brecksville Rd. (Commission gathers in open meeting prior to meeting to review submissions)

- Eight (8) complete sets of drawings
- One (1) reduced set of drawings (11" x 17")
- Submittal requirements due by noon ten (10) days prior to the meeting:
 - Planning Commission Application
 - Property Owners Authorization
 - Project Description
 - Legal Description
 - Conceptual Site Plan
 - Conceptual Building Design
 - Additional Pertinent Information

Board of Zoning Appeals: Meets 3rd Thursday at 5:30 p.m. Caucus with meeting immediately following thereafter in City Hall Council Chambers, 6800 Brecksville Rd. (Board gathers in open meeting prior to meeting to review submissions)

- Eight (8) complete sets of drawings
- Submittal requirements due by noon fourteen (14) days prior to the meeting:
 - Board of Zoning Appeals Application
 - Property Owner Authorization
 - Description and Justification for requests
 - Site Plan
 - Grading Plan
 - Building Elevations
 - Landscape Plan
 - Additional Pertinent Information



City of Independence, Ohio
"THE HEART OF CUYAHOGA COUNTY"
BUILDING DEPARTMENT
6335 SELIG DRIVE • INDEPENDENCE, OH 44131
Phone (216) 524-1019 • Fax (216) 573-1592
Website: www.independenciohio.org

BOARD OF ZONING APPEALS APPLICATION

Name of Applicant: _____ Firm Name: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Address of Site: _____ PPN: _____

Owner of Site: _____ Phone: _____

(If the applicant is not the owner, and the owner will not appear before the Board, the Applicant shall provide a written statement from the property owner authorizing to make such request.)

Project / Building Name: _____ Zoning: _____

Type of Variance requested (be specific): _____

Reason for need of a Variance (be specific): _____

Names of all who will appear at the meeting: _____

- Eight (8) complete sets of drawings
- Submittal requirements due by noon fourteen (14) days prior to the meeting:
 - Board of Zoning Appeals Application
 - Property Owner Authorization
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I understand, according to City Code, application to appear before the Board of Zoning Appeals must be made fourteen (14) days prior to the scheduled meeting, by 12:00 noon.

Signature of Applicant

Date

Meeting Date: _____

Number on Agenda: _____