

APPLICATION FOR ZONING APPEAL

Millcreek Township Union County, Ohio

Appeal #: _____

Name of Applicant(s)/Owner(s): _____

Contact Name (if business): _____

Mailing Address: _____

Telephone Number: _____ Best time to contact Day / Evening

Cell / Office Phone Number: _____

e-mail: _____

The applicant wishes to appeal a zoning decision rendered on (date) _____, regarding (please check one and describe, please use additional paper if necessary):

Violation issued _____

The applicant appeals the ruling upon the following grounds: _____

Decision of Zoning Inspector _____

The applicant submits to the Board of Zoning Appeals that the appeal should be granted for the following reason(s): _____

INSTRUCTIONS TO APPLICANT & CERTIFICATION

- Include ten (10) copies of all previous documentation or correspondence related to the appeal.
- All information supplied in relation to the appeal becomes part of the application and the public record.
- Application fees are nonrefundable.
- Appeal information requested here must be reviewed for completeness by the BZA Chair prior to acceptance of application. Submission to the Zoning Inspector does not constitute official acceptance.
- The application, if approved, is conditioned upon the truthfulness and completeness of the application as well as conformance to the Millcreek Township Zoning Resolution and the Land Use Growth Plan.
- The Township reserves the right to request additional information as needed.
- A list of the names and addresses of all property owners contiguous to or directly across the street (road) from the proposed rezoning area.
- Should the information contained in this application be determined to be inaccurate or misrepresentative, then the appeal may be withdrawn by the Millcreek Board of Zoning Appeals. By signing this document, the applicant certifies that all information contained herein is true and accurate. Furthermore the applicant certifies he or she has reviewed the Millcreek Zoning Resolution and understands and agrees to the terms of this document and hereby attests to the truthfulness and exactness of all information supplied as part of this application.

Date of Appeal

Applicant's Signature

APPLICATION FOR ZONING APPEAL

Millcreek Township Union County, Ohio

Appeal #: _____

For Official Use Only – Zoning Inspector / BZA / BZA Secretary

Date Received: _____ Received By: _____

Fee Paid: \$ _____ Check # _____ Check to Twp Clerk: _____

Date of Acceptance by BZA: _____ Received By: _____

Date of Public Hearing: _____

Date of Notice to Marysville Journal Tribune: _____ By: _____

Date of Notice to Neighbors / Anyone Testifying: _____ By: _____

Date of Notice to Trustees / Zoning Inspector: _____ By: _____

Appeal Status: UPHELD DENIED

Comments: _____

Board of Zoning Appeal Chair Signature: _____

Date