

Appeal
UNION TOWNSHIP
BOARD OF ZONING APPEALS
4350 Aicholtz Road
Cincinnati, OH 45245
(513) 753-2300

Case# _____
Date _____

PLEASE PROVIDE SIX COPIES OF THIS FORM AND ALL MATERIALS

Re: Property located at (if applicable): _____
Property Identification Number from Auditor's Tax Bill _____ - _____ - _____.

I. APPLICANT INFORMATION

- A. Name _____
Mailing Address _____
_____ Phone _____
- B. Property Owner(s) _____
Mailing Address _____
_____ Phone _____
- C. Contact Person _____
Mailing Address _____
_____ Phone _____

II. APPEAL INFORMATION

- A. I hereby appeal an interpretation or the administration of the Union Township Zoning Resolution. There was error in the decision as follows:

- B. The Sections of the Union Township Zoning Resolution relevant to the appeal are:

- C. Please state all reasons why the applicant believes the interpretation and administration were in error, the believed correct decision, and all supporting reasons for such decision.

- D. The date the interpretation or administration being appeal occurred was ____ (day), ____ (month), ____ (year).

- E. Please provide six copies of all documents pertaining to the decision being appealed.

- F. Please enclose the application fee.

III. AFFIDAVIT

I hereby depose and affirm that I have familiarized myself with the rules and regulations of the Union Township Zoning Resolution in preparing this application. I certify that I have read the foregoing document and supplements attached thereto, and hereby attest to the truth and exactness of the information supplied herewith.

Applicant

STATE OF OHIO
COUNTY OF _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public

My commission expires_____.