

APPLICATION FOR APPEAL
BOARD OF ZONING APPEALS
VILLAGE OF ORWELL, OHIO

Application No. _____

Name of Applicant _____

Mailling Address _____

Phone Number Home _____ Business _____

The undersigned requests review of the decision by the zoning inspector of **Application for Zoning Permit No.**_____ denied (issued) on _____,20____. It is the applicant's contention that the following error was made in the determination of the zoning inspector:_____

Appellant

For Official Use Only

Date Filed _____

Date of Notice to Parties in Interest _____

Date of Notice in Newspaper _____

Date of Public Hearing _____

Fee Paid \$ _____

Decision of Board of Zoning Appeals: Approved _____ Denied _____

If Approved the following conditions and safeguards were prescribed: _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

If Denied, reason for denial _____

Date _____

Board of Zoning Appeals Chairman

Note: One (1) copy to be filed with the Zoning Inspector and two (2) with the Board of Zoning Appeals.