

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 _____.