

Application for Appeal

Submittal Requirements:

- The names and addresses of all property owners within 200 feet, contiguous to and directly across the street from the property, as appearing on the Pickaway County Auditor's current tax list (740-474-4765 or www.pickaway.iviewauditor.com);
- Application filing fee, checks made payable to Scioto Township (See adopted fee schedule).

Owner / Applicant Information

Applicant: _____ Address: _____
 Phone: _____
 Email: _____

Applicant: _____ Address: _____
 Phone: _____
 Email: _____

Subject Property Information

Address: _____ Parcel I.D.: _____
 Zoning District: _____ Subdivision: _____
 Present Use(s): Residential Commercial Agricultural Industrial Institutional Other _____

Appeal Information

Description of action or decision being appealed (use separate sheet, if necessary): _____

Description of impact on applicant (use separate sheet, if necessary): _____

Date of the decision by the Zoning Department being appealed: _____

By signing this application below, I hereby certify that all information contained herein is true and accurate and that I have submitted all required information. I also understand that a site visit may be necessary and grant permission to do so.

Applicant/Owner's Signature _____ Date _____

AUTHORIZATION FOR OWNER'S APPLICANT OR REPRESENTATIVE(S): This section must be completed and notarized if the applicant is not the property owner.

I _____, the owner, hereby authorize _____ to act as my applicant or representative(s) in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Property Owner: _____ Date: _____

Subscribed and sworn before me this _____ day of _____, 20_____
State of _____
County of _____ Notary Public _____

To be completed by the Scioto Township staff

Date Application Received: _____ Accepted & Received By: _____

Application Fee: _____ Fee Accepted By: _____

Total Number of Pages Submitted: _____

Date of Notice in Newspaper of General Circulation: _____

Date of Notice to Parties in Interest: _____

BZA Hearing Date: _____ Recommendation: Approved Denied

Attest:

Secretary

Board of Zoning Appeals:

Chairman