

ADMINISTRATIVE APPEALS APPLICATION

GENOA TOWNSHIP ZONING DEPT. (614) 899-0725 PHONE, (614) 882-7143 FAX
5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, WWW.GENOATWP.COM

BZA CASE No.: _____

ADOPTED: 01/03/08

APPLICANT(S): _____ MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

REPRESENTATIVE: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

PROPERTY ADDRESS: _____

SUBDIVISION NAME (IF APPLICABLE): _____ LOT NUMBER(S): _____ LOT SIZE: _____

ZONING DISTRICT(S): RURAL RESIDENTIAL (RR) SUBURBAN RESIDENTIAL (SR) PLANNED COMMUNITY FACILITIES (PCF)
 COMMUNITY BUSINESS (CB) PD-1 (RESIDENTIAL) PD-2 (COMMERCIAL) PD-3 (INDUSTRIAL-WAREHOUSE) PD-4 (OFFICE)

PRESENT USE(S): RESIDENTIAL COMMERCIAL INDUSTRIAL INSTITUTIONAL AGRICULTURAL OTHER: _____

DESCRIPTION OF ACTION OR DECISION BEING APPEALED (USE SEPARATE SHEET IF NECESSARY): _____

DESCRIPTION OF IMPACT ON APPLICANT (USE SEPARATE SHEET IF NECESSARY): _____

BY SIGNING THIS APPLICATION ON THE LINE BELOW, I HEREBY CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO AGREE TO BE BOUND BY PROVISIONS OF THE ZONING RESOLUTION OF GENOA TOWNSHIP, AS WELL AS ACKNOWLEDGE THE FOLLOWING:

- I AM APPEALING A SPECIFIC INTERPRETATION OR ADMINISTRATIVE ACTION OF THE GENOA TOWNSHIP ZONING RESOLUTION, IN ACCORDANCE WITH SECTION 1105.
- THE DECISION OR ACTION BY THE ZONING DEPARTMENT OCCURRED WITHIN THE PAST TWENTY (20) DAYS.
- AN APPEAL STAYS ALL PROCEEDINGS IN FURTHERANCE OF THE ACTION APPEALED UNLESS ACTION IS TAKEN IN ACCORDANCE WITH SECTION 1105.02 AND THE APPLICANT IS SO NOTIFIED.
- I UNDERSTAND THE BOARD OF ZONING APPEALS (BZA) WILL SCHEDULE AND HOLD A HEARING OF THIS APPLICATION AT WHICH TIME ALL INTERESTED PARTIES WILL BE GIVEN AN OPPORTUNITY TO TESTIFY. A MAJORITY VOTE OF THE BZA CAN REVERSE OR MODIFY THE DECISION AND/OR ADMINISTRATIVE ACTION BEING APPEALED.
- I HAVE ENCLOSED A LISTING OF PROPERTY OWNERS CONTIGUOUS TO AND ACROSS THE STREET FROM SUBJECT PROPERTY AND A SET OF ADDRESSED AND STAMPED PLAIN WHITE BUSINESS SIZE ENVELOPES FOR THE NAMES ON THE LIST.
- I HAVE SUBMITTED APPLICABLE FEES, PER THE CURRENT GENOA TOWNSHIP ZONING FEE SCHEDULE AND ACKNOWLEDGE THAT ADDITIONAL FEES WILL BE DUE FOR SUBSEQUENT PUBLIC HEARINGS, IF I SO CHOOSE TO TABLE OR WITHDRAW THIS APPLICATION.

SIGNATURE OF APPLICANT(S)/AGENT

APPLICANT(S)/AGENT'S NAME PRINTED OR TYPED

DATE OF APPLICATION

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

DATE RECEIVED: _____ STAFF REPRESENTING DEPT.: _____ COMPLETE APPLICATION: YES NO

BZA ACTION: UPHELD REVERSED MODIFIED: _____