



Administrative Appeal



Trustees
 Stew Flaherty
 Jan Heichel
 Jim Welch

Zoning Department
 Riane Federman, Township
 Administrator's Assistant

| Property Information | |
|--|--|
| Site Address | |
| Parcel ID(s) | Zoning |
| Township | Acreage |
| Water Supply <input type="checkbox"/> Public (Central) <input type="checkbox"/> Private (Onsite) | Wastewater Treatment <input type="checkbox"/> Public (Central) <input type="checkbox"/> Private (Onsite) |

| Applicant Information | |
|-----------------------|-------|
| Name/Company Name | |
| Address | |
| | |
| Phone # | Fax # |
| Email | |
| | |

| Property Owner Information | |
|----------------------------|-------|
| Name/Company Name | |
| Address | |
| | |
| Phone # | Fax # |
| | |
| Email | |

| Agent Information (if applicable) | |
|-----------------------------------|-------|
| Name/Company Name | |
| Address | |
| | |
| Phone # | Fax # |
| | |
| Email | |

| Staff Use Only |
|--------------------|
| Case # |
| |
| Date filed: |
| Received by: |
| Hearing date: |
| Zoning Compliance: |

| Document Submission |
|--|
| The following documents must accompany this application: |
| <input type="checkbox"/> Completed form |
| <input type="checkbox"/> Auditor's map (8 1/2" x 11") |
| <input type="checkbox"/> Covenants and deed |
| <input type="checkbox"/> Notarized signatures |
| <input type="checkbox"/> Proof of water & waste water supply |
| <input type="checkbox"/> Copy of Administrative Officer's decision |
| Please see the Application Instructions for complete details |

Case #

Describe the decision by an Administrative Officer that is being appealed:

Describe the project

Affidavit

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the Township. I hereby certify that I have read and fully understand all the information required in this application form.

Applicant

Date

Property Owner (Signature must be notarized)

Date

Property Owner (Signature must be notarized)

Date

***Agent must provide documentation that they are legally representing the property owner.**

****Approval does not invalidate any restrictions and/or covenants that are on the property.**

Application instructions

Please submit the following:

- 1) **Application Form**
Completed application form with notarized signatures

- 2) **Covenants or deed restrictions.**
Provide a copy of your deed with any deed restrictions
You can find your deed at:
www.franklincountyohio.gov/recorder

- 3) **Auditor's Tax Map.**
Provide a map showing the subject property and all land within 500 feet of the property.
You can find the map at:
www.franklincountyohio.gov/auditor

- 4) **Proof of utility service**
Provide proof from the provider of your water and wastewater services.
Note: If services are provided by a private or public entity, you must provide a letter verifying that you have service or will have access to it. If you're proposing an on-lot septic system or well, please provide information from the Franklin County Board of Health (or appropriate agency).

- 5) **Copy of Administrative Officer's decision**
Provide a copy of the letter or application indicating the decision being appealed