



101 E. Herman Street
Yellow Springs, OH 45387
Phone: 937-767-2460

Zoning Application: BZA ADMINISTRATIVE APPEAL

Application #		Fee Collected	
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Property Address/Location					
Parcel Number		Zoning District		Property Acreage	

Applicant's Information

Name			
Address			
Phone		Email	
Company Name (if contractor)			

Property Owner's Information (☐ Check if same as applicant)

Name			
Address			
Phone		Email	

Cite the decision/interpretation of the Zoning Administrator or representative on which this appeal is made. (Use a separate sheet of paper if more room is needed)

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Cite the date that the decision/interpretation was made.

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Describe why you feel the decision/interpretation of the Zoning Administrator or representative is in error. (Use a separate sheet of paper if more room is needed)

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Describe how you feel the article and/or subsection of the Miami Township Zoning Resolution or the Zoning Map in question should be interpreted or implied. (Use a separate sheet of paper if more room is needed)

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Other Information Required:

- Provide any additional information to help substantiate the justification of this appeal.
- Application fee (\$200)

I hereby certify that all of the information supplied in this application and attachments are true and correct to the best of my knowledge, information and belief.

Applicant's Signature:		DATE	
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Hearing Date	
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This application has been ____ **APPROVED** ____ **REJECTED** for the issuance of an administrative appeal by the Board of Zoning Appeals.

If approved, the following corrections have been applied and approved by the Board of Zoning Appeals:

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BZA Chair			DATE	
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Zoning Administrator			DATE	
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