



Washington Township Development Services
8190 McEwen Road
Dayton, Ohio 45458
Voice 937-433-0796 Fax 937-438-2742
WWW.WASHINGTONTWP.ORG

CASE NUMBER _____

Administrative Appeal

READ CAREFULLY

Application for Appeal must be presented to the Zoning Inspector within twenty (20) days of the date that the decision or refusal of the Zoning Inspector was rendered, and from which this appeal is taken.

APPEAL. An appeal to the Board from an administrative decision may be taken by any person aggrieved or by any officer of the Township affected by any decision of the Zoning Inspector. Such an appeal shall be taken within twenty (20) days after the decision by filing with the Zoning Inspector and with the Board a notice of appeal specifying the grounds thereof. The Zoning Inspector shall forthwith transmit to the Board all the paper constituting the record upon which the action appealed from was taken.

NAME _____

STREET _____

CITY & STATE _____

PHONE NUMBER _____ E-MAIL _____

HEREBY APPEALS THE DECISION OF THE ZONING INSPECTOR, DATED _____, AN EXACT COPY OF WHICH IS ATTACHED HERETO, OR READS AS FOLLOWS:

DATA REQUIRED

Appellant or Applicant is _____

Subject property is identified as Parcel Identification Number _____ . Or (if Parcel

Identification Number is not known) Property is located on the _____ side of

_____, _____ feet _____

from the intersection of _____.

Plat _____ District _____, _____

Book _____, Page _____, House # _____, Lot # _____

Acreage _____, Section _____, Town _____, Range _____.

State the Article(s) and Section(s) of the Zoning Resolution that this variance is seeking relief from by the Board of Zoning Appeals.

List any deed restrictions on subject property, which concern this appeal or applications:

If any previous appeal or application has been filed in connection with this property, state the date(s) and nature of the appeal or application:

State fully the facts on which this appeal is based:

Applicant Checklist

- Copy of the Staff Decision being appealed

- Review with Township staff of application

- Statement of Facts

- Plot plan drawn to scale.

- Any and all attachments.

- Applicable filing fees as established by the Washington Township Trustees. Washington Township accepts Visa/MasterCard, cash or check. Please make checks payable to "Washington Township Trustees".

- Filing fee, payable to the Washington Township Board of Trustees and as prescribed by the Board, sufficient to cover the cost of publishing, posting and/or mailing notices of hearing or hearings required.

- Application signed and notarized by the property owner or agent thereof.

I HEREBY DEPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL EXHIBITS TRANSMITTED HEREWITH, ARE TRUE.

APPELLANT OR APPLICANT

Subscribed and sworn before me on the _____ day of _____, _____.
My Commission expires _____, _____.

Notary Public

IF THE APPELLANT OR APPLICANT IS DIFFERENT FROM THE PROPERTY OWNER, THE FOLLOWING **MUST** BE FILLED OUT AND NOTARIZED.

I _____, as property owner of the property(s) listed within this application, do allow, _____ to represent me in the filing of this application and is also permitted to represent myself and my interests before any Board or Commission of Washington Township which has governing authority over this application.

APPELLANT OR APPLICANT

Subscribed and sworn before me on the _____ day of _____, _____.
My Commission expires _____, _____.

Notary Public