

Application for Zoning Appeal

To: Board of Zoning Appeals
Village of West Lafayette
West Lafayette, Ohio

Appeal No: _____ Appeal Filed Date: _____
Date of Hearing: _____
Zoning District: _____

The property under consideration is located at: _____

There is herewith submitted a plot plan, drawn to scale, showing property affected. I am requesting permission to:

My reasons for Appeal are:

(continue on blank sheet if more space is required)

Names & Addresses of all property owners within 150 feet of any part of the exterior boundaries of the proposed change:

Applicant Signature _____
Address _____
Phone No. _____

Owner Lessee Holder of Option

.....
Deposit and cost of Appeal

Cost of Appeal minimum fee \$15.00

(Costs associated include publishing or posting notice and mailing notices of the hearing or hearings)

Date: _____

Total fee required: _____

Received from: _____

Deposit Amount: _____

Received by: _____
(Zoning Inspector)

Balance remaining: _____

Date of Hearing to be determined.

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The following Legal Notice appeared in the Coshocton Tribune as required by the Zoning Ordinance:
(Do not write in this space)

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Decision of Zoning Board of Appeals:

Permit Granted

Permit Refused

Reason for refusing to grant permit requested is:

Zoning Board of Appeals:

(Zoning Inspector)

PLOT PLAN

