# 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** Date: _____

Cost of Appeal minimum fee $15.00 Total fee required: _____

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

Received from: _____ Deposit Amount: _____

Received by: _____ Balance remaining: _____
(Zoning Inspector)

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