



ADMINISTRATIVE APPEAL APPLICATION

Board of Zoning Appeals – Administrative Appeal

Please complete the following form and submit all requested material with your application. Materials submitted as part of this application are retained as part of the public record for this case. Applicants are encouraged to keep a copy of all materials for their own records.

Property and Owner Information		STAFF USE ONLY
PROPERTY ADDRESS – OR PARCEL NUMBER(S) IF NO ADDRESS		FILE INFORMATION
Applicant Contact Information		
APPLICANT NAME		RECEIVED AMOUNT / CHECK #
APPLICANT ADDRESS		
PREFERRED CONTACT METHOD <input type="checkbox"/> EMAIL PREFERRED <input type="checkbox"/> PHONE PREFERRED	APPLICANT EMAIL	CASE NUMBER (S)
APPLICANT PHONE		MEETING DATE

Please attach an extra page should you need more space to answer any of the questions.
Remember to attach the owner's affidavit along with any required plans to your application.

Supporting Application for Appeal

Please describe the facts upon which this appeal or application are based on the following pages. You may attach an additional sheet of paper if more room is needed.

I/we hereby request the Board of Zoning Appeals to authorize issuance of a Zoning Certificate and/or Conditional Use for:

OR hereby appeal a decision of the Zoning Inspector, dated: _____

List and describe all types of easements and other restrictions recorded with Montgomery County, which concern this Appeal or application:

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If any previous appeal or application has been filed in connection with this property, state date or dates:

Administrative Appeal

The Notice of Appeal shall specify the grounds for such appeal. Upon receipt of a Notice of Appeal, the Zoning Inspector shall forthwith transmit to the Board all of the papers constituting the record upon which the decision being appealed was based. An exact statement of the Appeal is as follows:



Property Owner Affidavit

Property and Application Information

Property Address or Parcel Number(s) Associated with this Application	Type of Application (or Case#)
Applicant's Printed Name or Company	Applicant's Phone
Applicant's Signature	Date

Property Owner(s) Affidavit - Owner(s) signatures must be notarized.

I (we),

Owner(s) Printed Name

hereby certify that I (we) are the owner(s) of the above property. I (we) attest to the accuracy and truthfulness of the statements and any exhibits provided on this application to be true to the best of my (our) knowledge. We understand that our application will be considered and processed in accordance with the regulations set forth by the Miami Township Zoning Resolution. I (we) understand that the materials provided within this document are subject to public record and will be considered in rendering a decision on this request. I (we) authorize Miami Township to place a Public Hearing Notification sign on the property as needed during the proceedings of this hearing.

Owner Signature #1	Date	Owner Signature #2	Date
Owner #1 Printed Name		Owner #2 Printed Name	
Owner #1 Mailing Address		Owner #2 Mailing Address	
Owner #1 Phone		Owner #2 Phone	

Subscribed and sworn to before me on this _____ day of _____, 2_____.

Notary Stamp

Notary Public Signature

My Commission Expires