

**Ohio Township Board of Zoning Appeals
2877 Mt. Pisgah Rd
New Richmond, Ohio 45157**

**ADMINISTRATIVE FORM 4
Article VIII, Ohio Township Zoning Resolution**

Date Filed: _____ Case Number: _____

Applicant: _____ Address/Phone number/Email Address: _____

Owner: _____ Address/Phone number/Email Address: _____

Location of Property, including Parcel Identification Number(s) _____

***NOTE:** Fill in Section 1. Or 2. As appropriate.
DO NOT FILL ON MORE THAN ONE OF THESE SECTIONS. THIS APPLICATION IS NOT ACCEPTABLE UNLESS ALL REQUIRED STATEMENTS HAVE BEEN MADE. ADDITIONAL INFORMATION MAY BE SUPPLIED ON SEPARATE SHEETS IF THE SPACE PROVIDED IS INADEQUATE.

Section 1. APPEAL FROM THE DECISION OF THE ZONING INSPECTOR
Relation to the Enforcement of the Zoning Resolution

Describe decision of the Zoning Inspector from which the appeal is made?

Provision of the Zoning Resolution or District boundary in question?

Section 2. APPLICATION FOR A SPECIAL EXEPTION PERMIT
As required by the Zoning Resolution

Provision(s) of the Zoning Resolution requiring a Special Exception, in this case?

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Description of proposed use showing justification for the Special Exception?

Appellant X _____ Dated: _____

STATUS

Zoning Certificate number: _____
Date Issued: _____,
Notice of Hearing advertised in Clermont Sun Legal's on: _____ copy placed
inside of file? Y/N: _____.

DECISION OF THE BOARD OF ZONING APPEALS

Appeal or Application: _____, On: _____
(Granted, Denied, or continued to Date and Time?)

With the following terms/conditions:

X _____
Chairperson, Board of Zoning Appeals

X _____
Secretary, Board of Zoning Appeals