

Jackson Township Zoning

CASE #: _____

10613 Mahoning Ave
North Jackson, OH 44451
330-538-3093

APPLICATION FOR ZONING APPEALS BOARD

Name of Applicant: _____

Address: _____

Phone #: _____ Email: _____

The undersigned request a hearing before the Zoning Board of Appeals for the following reason: (check one)

Request a variance from the requirements of the zoning resolution

Request a review of the zoning inspector's order or decision

The property is located at: _____

Parcel #: _____

Zoning District: _____

Property Owner: _____

Description of the Variance/Appeal being requested: _____

Include a copy of a site plan for the proposed development showing lot lines, existing building dimensions and all proposed improvements to the property or the notice/order from the zoning inspector being challenged.

Signature of Applicant

This application must be accompanied by a check payable to Jackson Township Board of Trustees in the amount of \$475.00 and no refund will be issued if withdrawn after hearing notification is published.