

**APPLICATION FOR APPEAL
SECTION 1137.03 - ZONING CODE
Board of Zoning Appeals
CITY OF TALLMADGE**

Date _____
Rect # _____
Amount \$100.00

Applicant _____

Address _____ City/State _____ Zip _____

Phone No. _____ Fax No. _____ E-Mail _____

Owner _____

Address _____ City/State _____ Zip _____

Phone No. _____ Fax No. _____ E-Mail _____

Property affected _____ Zoning _____

APPLICATION IS HEREBY MADE FOR AN APPEAL FROM:

Decision or action of Zoning Inspector _____
Decision or action of Planning Commission _____
Decision or action of Appearance Commission _____

APPLICANT SHALL FURNISH 10 ASSEMBLED, STAPLED SETS OF THE FOLLOWING:

1. Typewritten application
2. Names and addresses (plus typed labels) of property owners within 500 feet of property affected
3. Plot plan within five hundred (500) feet of property affected
4. Plot plan of property with: existing and proposed lot dimensions; location, use, size and height of all existing and proposed structures; and, all contiguous properties with existing structures located thereon.
5. Supporting data attached and listed as follows:
 - a) _____
 - b) _____
 - c) _____
 - d) _____
 - e) _____

NOTE: Application must be filed within fifteen (15) days after date of any adverse decision. Meetings are held the second Tuesday of each month at 7:00 P.M. in the Municipal Building Council Chambers. ***Applicant shall be present.***

I hereby certify that all of the above statements and the statements contained in any supporting data are true to the best of my knowledge. I hereby give consent to City of Tallmadge Officials, while this application is pending, to come on the subject property for the purpose of reviewing the potential effect of this request.

Witness

Printed Name and Signature of Owner

Witness

Printed Name and Signature of Applicant