

APPLICATION FOR APPEAL

BOARD OF ZONING APPEALS

PIKE TOWNSHIP- BROWN COUNTY, OHIO

Application No. _____

Name of Applicant _____

Mailing Address _____

Phone Number Home _____ Business _____

Name of Property Owner(s) _____

Address of Premises _____

Auditor's Real Estate Tax Parcel Number _____

Zoning District _____

Provide names and address of all property owners within 200 feet of all property lines.

The undersigned requests review by the Board of Zoning Appeals for the following decision (interpretation) by the Zoning Administrator (of the Zoning Ordinance):

Date _____

Applicant _____

Note: This application shall be filed with the Zoning Administrator and shall be accompanied by a FEE, as established according to the Zoning Ordinance.