



**BOARD OF ZONING APPEALS (BZA)
APPLICATION FOR APPEAL**

ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.

**Application Fee: \$400.00*
Per Fee Schedule**

*Does not include transcript cost.

Appellant: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Owner: _____

Address/City/State/Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Attorney for Appellant: _____

Address/City/State/Zip: _____

City / State / Zip: _____

Email Address: _____

Phone No: _____ Cell Phone No: _____ Fax No: _____

Property Address: _____

Lot Number/Subdivision: _____ Zoning District/Use: _____

The undersigned request review of the decision of the Zoning Administrator dated _____. It is the contention of the Appellant that the following error was made in the determination of the Zoning Administrator. Please make specific reference to the Section of Zoning Ordinance or other applicable law which it is claimed the error occurred (attach additional pages if needed).

(SEE OVER)

I agree to grant the City of Powell Staff and the Board of Zoning Appeals members considering this application access to the property subject of this application for the purposes of reviewing this application and posting public notice for this application.

Signature of Appellant: _____ Date: _____

Office Use
Received

Office Use
Type/Date: _____
Base Fee: _____ \$400.00 _____
Prepared by: _____
Reviewed by: _____
PAYOR: _____
RECIEPT # _____

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