



CITY OF FOSTORIA

**213 South Main St.
Fostoria, OH 44830
419-435-8243
zoning@fostoriaohio.gov**

Board of Zoning Appeals Application for Appeal

Application No. _____

Fee \$100

Name of Applicant _____

Mailing Address _____

Telephone Number: Home _____ Business _____

Email Address _____ Fax _____

The undersigned requests review of the decision by the Zoning Inspector of Application for Zoning Certificate Number _____, (Denied) (Issued) on error was made in the determination of the Zoning Inspector:

Date _____ Applicant's Signature _____

(FOR OFFICIAL USE ONLY)

Date Filed _____ Date of Notice to Newspaper _____

Date of Public Hearing _____ Fee Paid _____ Rec. No. _____

Decision of the Board of Zoning Appeals: Approved Denied

If approved, the following conditions and safeguards were prescribed

If denied, reason for denial _____

Date

Secretary – Board of Zoning Appeals

Chairman – Board of Zoning Appeals