

Village of Berlin Heights
Zoning Department, PO Box 216, Berlin Heights, OH 44814
Ph 419-599-2097

**APPLICATION FOR APPEAL
BOARD OF ZONING APPEALS**

Name of Applicant: _____

Property Located at: _____

Erie County Tax Parcel # _____

Mailing Address: _____

Phone Number: _____ Business No. _____

Issue addressed: _____ Zoning code Violation

_____ Zoning Permit Denial

The undersigned requests a review of the decision made by the zoning inspector on _____, 20____. It is the applicant's contention that the following error was made in the determination of the zoning inspector:

Applicant

(for official use only)

Date filed: _____

Date of Notice to parties in interest: _____

Date of notice in Newspaper: _____

Date of public hearing: _____

Fee Paid \$ _____

Decision of Board of Zoning Appeals: _____ Approve _____ Denied

If approved, the following conditions and safeguards were prescribed:

If denied, reason for denial: _____

Date: _____

Chairman, Board of Zoning Appeals

Note: One(1) copy to be filed with the Zoning Inspector and tow (2) with the Board of Zoning Appeals.