

HARRISON TOWNSHIP APPLICATION FOR APPEALS

HARRISON TOWNSHIP BOARD OF ZONING APPEALS

**6750 OUTVILLE RD.
PATASKALA, OHIO 43062
740-927-8277**

DATE _____ APPLICATION No. _____

Name of Applicant: _____

Mailing Address: _____

Phone Number(s): Home/Business _____ Cell _____

Email Address: _____

The undersigned requests a review of the decision by the Zoning Inspector of the following:

Zoning Permit No. _____ Conditional Use Permit _____

Variance Request App. _____ Violation Notice _____

It is the applicant's contention that the following error was made in the determination of the Zoning Inspector: _____

Please submit a detail summary of your Appeal in writing in a separate document with this application.

Applicant _____ Date _____

This Application for Appeal of the Zoning Inspector's decision must be submitted to the Zoning Inspector and accepted by the Zoning Inspector as being complete.

****Ten copies of the application shall be submitted.**

Date Filed: _____ Zoning Inspector _____

Date of Board of Appeals Public Hearing: _____