

Received (stamp):



209 S. Main Street • Marysville, Ohio 43040  
Phone: (937) 645-7350 • Fax: (937) 645-7351 • www.marysvilleohio.org

**BOARD OF ZONING APPEAL  
REQUEST FOR APPEALS**

**\*\*\* IMPORTANT INFORMATION ~ Please read before completing the application\*\*\***

- **Required** – Submission of a complete application and a digital (pdf) copy of all application documents.
- **Zoning:** Applications and applicable fees shall be submitted by no later than 5:00 p.m. on the application deadline date.
- **Property Maintenance:** Applications and applicable fees shall be submitted within 20 days after the date of the decision, notice or order was served.  
 \*\*\*Appeals of notices and orders (other than Imminent Danger notices) shall stay the enforcement of the notice and/or order until the appeal is heard by the appeals board.\*\*\*
- **No late submittals or additional information will be accepted after the application deadline.**
- Any construction and/or occupancy of the site for which the variance is being requested for shall not commence until approval is granted by the Board of Zoning Appeal and all appropriate approved permits are obtained by the Division of Engineering and the County Building Department.

**Property Site Information** (Please print clearly)

Property Street Address: \_\_\_\_\_ Property Zoning District: \_\_\_\_\_

Company / Business Name: \_\_\_\_\_

An appeal is requested in the manner of the following (please describe in detail; attach a separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's Address (Street): \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

**Applicant Information** (Please print clearly)

Applicant: \_\_\_\_\_  Owner  Agent  Representative  Other

Company: \_\_\_\_\_

Address (street): \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I hereby attest to the truth and exactness of all information supplied on and with this application.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Decision/Notice/Order issued by Division of Engineering: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Paid (stamp):**

**Fees:**

**Zoning Appeals: \$250 \_\_\_\_\_**

**Property Maintenance: No Fee**

**The application has been reviewed and is found to be complete.**

\_\_\_\_\_  
City Staff

\_\_\_\_\_  
Date

**DECISION OF THE BOARD OF ZONING APPEAL**

Approved

Disapproved

\_\_\_\_\_  
Chairperson, Board of Zoning Appeal

\_\_\_\_\_  
Date