



## **APPEAL OF A DECISION OF THE CODE OFFICIAL APPLICATION INSTRUCTIONS**

**APPLICATION FORM** – The application form must be fully completed, signed by the owner of the premises in question and shall be properly notarized. Additional information may be provided on a separate sheet.

**AGENT AUTHORIZATION FORM** – If the applicant is not the property owner, a completed and notarized Agent Authorization Form must be provided.

**SUBMITTAL REQUIREMENTS** – The applicant may submit a written statement, site plan, photographs and any other information or materials which will help support the appeal.

**ADJACENT PROPERTY OWNERS LIST** – Please provide the names, addresses, and parcel numbers of all property owners within 200 feet of the property in question, along with a corresponding map showing these parcels. This information may be obtained on the internet at [www.mcrealestate.org](http://www.mcrealestate.org).

**FEES** - All fees are listed in the attached fee schedule.

**INFORMATION** - For information contact the Planning & Building Department at 859-5783.



Case No. \_\_\_\_\_

Date Filed \_\_\_\_\_

*Please use ink*

## **BOARD OF ZONING APPEALS**

### **APPEAL OF A DECISION OF THE ZONING ENFORCEMENT OFFICER**

An application APPEALING A DECISION OF THE ZONING ENFORCEMENT OFFICER as follows:

#### **OWNER OF PROPERTY**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

#### **APPLICANT**

(If different from owner)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Address of Premises in Question \_\_\_\_\_

City Lot Number(s) \_\_\_\_\_ Zoning District \_\_\_\_\_

1) State the section or sections of the ordinance under consideration:

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2) Your interpretation of the decision of the Zoning Administrator is as follows:

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3) You disagree with the Zoning Administrator for the following reasons:

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4) Are there any restrictive covenants on the property in question which affect this appeal?

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5) Has any previous appeal been filed in connection with these premises? If so, when?

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Attach a site plan, photographs, or other visual depictions and information which will help support the appeal.

I hereby depose and say that all the above statements and evidence contained in all exhibits transmitted herewith, are true to the best of my knowledge.

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Appellant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
year of \_\_\_\_\_.

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Notary Public

ADJACENT PROPERTY OWNERS LIST

Please list the names and addresses of all property owners adjacent to the property in question. The number below must correspond to the map which you will submit as part of your application.

	<u>NAMES</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____



**AGENT AUTHORIZATION FORM**

The undersigned, owner(s) of the certain real property located at \_\_\_\_\_ (the "Property"), do hereby appoint and expressly grant full authority to \_\_\_\_\_ to act as the sole agent of and on behalf of the undersigned in all matters related to and in connection with the attached application. The undersigned hereby consents and agrees to be bound by the application, by any agreement made by the herein named agent with the City of West Carrollton in connection with this same case, and by all decisions made by the city in connection with this same case.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Sworn to before me and subscribed in my presence by the said \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Notary Public



**STATEMENT OF APPLICANT OBLIGATION FOR PAYMENT  
OF CERTAIN PROFESSIONAL COSTS AND EXPENSES**

The Applicant is obligated by Chapter 37: General Fee Schedule to pay the City of West Carrollton (“City”) for all costs and expenses incurred by the City if this application or request causes the City to incur expenses and costs for an independent consultant to either review, evaluate or comment on data or information submitted by the Applicant, or to prepare information or data in connection with the City’s review and evaluation of the application or request. If an application or request filed with the City causes the City to devote to that same application or request time and professional skills of a City employee who is an engineer or surveyor (or other member of a so-called “learned professional”, the members of which are licensed by or registered with the State of Ohio), the costs and expenses to the City of the time devoted to that application or request shall be the obligation of the Applicant. The total amount of such costs and expenses shall be derived by the method of calculation pursuant to the then current legislative policy for such calculation.

The payment of expenses and costs referred to in this statement shall be made to the City of West Carrollton in accordance with the then current administrative policy for such payment. An application or request may require funds to be deposited in advance with the City for such costs and expenses. The payment of such costs and expenses shall be in addition to any other application fee required by the City, and must be received by the City before any permits for the property will be approved and issued.

The person whose signature appears below as Applicant states that she/he has full and complete authority to agree to, bind and obligate the Applicant to pay the costs and expenses referred to in this statement and to fully comply with the above statement.

By the signature below, the Applicant herein states she/he has fully and completely read the above statement, understands the above statement, and agrees to fully comply with the above statement.

By: \_\_\_\_\_  
Applicant’s Signature

Date: \_\_\_\_\_

Project: \_\_\_\_\_

Sworn to before me and subscribed in my presence by the said \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public



**APPEAL OF A DECISION OF THE CODE  
OFFICIAL  
APPLICATION CHECKLIST**

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Refer to Section 158.12(B) of the Property Maintenance Code

- \_\_\_\_A. Properly completed Appeal of a Decision of the Code Official Application Form.
- \_\_\_\_B. Application signed by the owner of the premises in question and notarized.
- \_\_\_\_C. Properly completed and notarized Agent Authorization Form, if the applicant is not the property owner.
- \_\_\_\_D. Application fee paid.
- \_\_\_\_E. A list of the adjacent property owners' names and addresses within 200 ft. of the property, with a corresponding map.
- \_\_\_\_F. Any other information or materials which will help support the appeal, including a site plan, photographs, or other visual information.