

APPEAL OF A DECISION OF THE CODE OFFICIAL APPLICATION INSTRUCTIONS

<u>APPLICATION FORM</u> – 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.

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

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

<u>ADJACENT PROPERTY OWNERS LIST</u> – 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.

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

<u>SUBMISSION</u> – Please submit application and additional materials to the Planning and Community Development Department at the City of West Carrollton Civic Center, 300 E. Central Ave, West Carrollton, OH 45449. For any additional information please contact (937) 859-5783.



Case No. A - 23 - 3Date Filed 9/20/23

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_Mathew Sorg | | | | | | |
| Address 40 N. Main Street | | | | | | |
| city Dayton State OH | | | | | | |
| Phone 937-332-9621 Fax E-mail M.Sorg Oduranatorney. com | | | | | | |
| <u>APPLICANT</u> (If different from owner) | | | | | | |
| Name Trey Sparks | | | | | | |
| Address 4410 reading road | | | | | | |
| City Dayton State OH | | | | | | |
| Phone937-510-6162 Fax E-mail sparrs. c. tray@gmail.com | | | | | | |
| Address of Premises in Question 128 S ELM ST | | | | | | |
| City Lot Number(s) K 48 W 00 0087 Zoning District PVD 06-1 | | | | | | |
| LOT 497 | | | | | | |

| Board of Zoning Appeals | |
|------------------------------------------------|---------|
| Appeal of a Decision of the Zoning Enforcement | Officer |

| State the s | section or sections of the ordinance under consideration: |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| PU | D 06-1 |
| | |
| • | pretation of the decision of the Zoning Administrator is as follows |
| Moto | rcyle repair o maintenance is not od at this location. |
| allowe | od at this location. |
| | |
| | |
| | |
| You disag | ree with the Zoning Administrator for the following reasons: |
| | |
| Thorn | is auxontly automotive repair pair |
| There | is currently automotive repair goin |
| There on in | is currently automotive repair goir the space directly next to mine. |
| There on in | is currently automotive repair goir the space directly next to mine. |
| There on in | is currently automotive repair going the space directly next to mine. |
| There | is currently automotive repair goir the space directly next to mine. |
| | |
| | is currently automotive repair going the space directly next to mine. any restrictive covenants on the property in question which affects |
| Are there | |
| Are there appeal? | any restrictive covenants on the property in question which affec |
| Are there appeal? | |

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

Board of Zoning Appeals Appeal of a Decision of the Zoning Enforcement Officer

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.

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.

| | NAMES | ADDRESS | CITY, STATE, ZIP |
|-----|-------|---------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
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| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. | | | |
| 14. | | | |
| 15. | | | |



APPEAL OF THE DECISION OF THE CODE ENFORCEMENT OFFICIAL APPLICATION CHECKLIST

