



Community Development Department
4900 Parkway Drive-Suite 150
Mason Ohio 45040
Phone (513) 701-6959. Fax (513) 701-6996

APPEAL TO THE BOARD OF ZONING APPEALS

Please read then complete entire application. Incomplete applications may not be processed.

Applicant's Name	_____	Telephone	_____
Applicant's Address	_____	Fax	_____
	_____	Email	_____
Owner	_____	Telephone	_____
Owner's Address	_____	Fax	_____
	_____	Email	_____

PROPERTY LOCATION

Complete mailing address including zip code	Parcel ID#
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Date of order, decision or notice which is subject to the appeal

Please include a cover letter explaining in detail the nature of the appeal and how and why the applicant is an aggrieved person.

Applicant Name	Applicant Signature	Date
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The minimum application fee is \$300. Checks should be made payable to Deerfield Township

For office use only

Date filed _____ Fee _____ Receipt _____ Case # _____

Yes No Application criteria has been met