



Planning and Zoning Department  
4900 Parkway Drive, Suite 150  
Mason, Ohio 45040  
Phone (513) 701-6958

### APPEAL TO THE BOARD OF ZONING APPEALS

Please read then complete entire application. Incomplete applications may not be processed. If you are not the property owner(s), please include a signed letter from the property owner(s) authorizing you to make this application.

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# \_\_\_\_\_

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 \_\_\_\_\_

The minimum application fee is \$300 for residential districts and \$400 for all other districts. Checks should be made payable to Deerfield Township

**For office use only**

Date filed \_\_\_\_\_ Fee \_\_\_\_\_ Receipt \_\_\_\_\_ Case # \_\_\_\_\_

Yes  No Application criteria has been met