## ADMINISTRATIVE APPEALS APPLICATION

GENOA TOWNSHIP DEVELOPMENT & ZONING OFFICE (614) 899-0725 5111 S. OLD 3C HWY., WESTERVILLE, OHIO 43082, <u>www.genoatwi</u>		Effective: 06/26/11
Applicant(s):	Mailing Address:	
Phone:		
REPRESENTATIVE:		
Address:		
PROPERTY ADDRESS:		
SUBDIVISION NAME (IF APPLICABLE):		LOT SIZE:
ZONING DISTRICT(S):   RURAL RESIDENTIAL (RR)  COMMUNITY BUSINESS (CB)  PRD (RESIDENTI		
PRESENT USE(S):   Residential  Commercial	□ INDUSTRIAL □ INSTITUTIONAL □ AGRICULTU	IRAL   OTHER:
DESCRIPTION OF ACTION OR DECISION BEING APPEAL	LED (USE SEPARATE SHEET IF NECESSARY):	
DESCRIPTION OF IMPACT ON APPLICANT (USE SEPARAT	E SHEET IF NECESSARY):	
GENOA TOWNSHIP DEVELOPMENT & ZONING OF THE DECISION OR ACTION BY THE ZONING DEFENDED AN APPEAL STAYS ALL PROCEEDINGS IN FULL SECTION 1105.02 AND THE APPLICANT IS SON INTERESTED PARTIES WILL BE GIVEN AN OPPOSED DECISION AND/OR ADMINISTRATIVE ACTION BE IN HAVE ENCLOSED A LISTING OF PROPERTY OBTAINED FROM THE GENOA TOWNSHIP DEBUSINESS SIZE ENVELOPES FOR THE NAMES OF INTERESTED IN HAVE SUBMITTED AN APPLICATION FEE OF \$1.00.	ESOLUTION OF GENOA TOWNSHIP, AS WELL AS ACT OF THE GENOA TOWNSHIP ZONING RESOLUTION OF THE GENOA TOWNSHIP ZONING RESOLUTION OFFICE, IN ACCORDANCE WITH SECTION 1105.  PARTMENT OCCURRED WITHIN THE PAST TWENTY (2 RTHERANCE OF THE ACTION APPEALED UNLESS ANOTIFIED.  ALS (BZA) WILL SCHEDULE AND HOLD A HEARING OPORTUNITY TO TESTIFY. A MAJORITY VOTE OF THING APPEALED.  OWNERS CONTIGUOUS TO AND ACROSS THE STREVELOPMENT & ZONING OFFICE) AND A SET OF A	NOWLEDGE THE FOLLOWING: ON OR ADMINISTRATIVE ACTION OF THE 20) DAYS. ACTION IS TAKEN IN ACCORDANCE WITH OF THIS APPLICATION AT WHICH TIME ALL THE BZA CAN REVERSE OR MODIFY THE EET FROM SUBJECT PROPERTY (CAN BE ADDRESSED AND STAMPED PLAIN WHITE ING FEE SCHEDULE AND ACKNOWLEDGE
CIONATURE OF ARRUGANT(A)	APPLICANT(S) NAME PRINTED OR TYPED	
SIGNATURE OF APPLICANT(S)	APPLICANT(S) NAME PRINTED OR TYPED	Date of Application
INCOMPLETE AP	PLICATION FORMS WILL NOT BE PROCE NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY	

TYPE OF PAYMENT: 

CREDIT CARD 
CHECK NO. \_\_\_\_\_ AMOUNT: \_\_\_\_ STAFF COMPLETING REVIEW: \_\_\_\_\_

BZA ACTION: UPHELD REVERSED MODIFIED: