

## Cardington Township Zoning Appeal Request Form

Date application Prepared: \_\_\_\_\_ Date of first contact with Zoning Officer: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Location of Property Under Consideration (address and/or description)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An appeal is a modification where it is alleged there is an error in any order, requirement, decision, or determination made by an administrative official, including the Zoning Inspector made in accordance with Appendix "A" of the Zoning Resolution.

Nature of Appeal Requested: (State the specific paragraph(s) in the Zoning Resolution for which an appeal is requested. Submit one form for each property stating all appeals requested:

\_\_\_\_\_  
\_\_\_\_\_

Justification for Appeal: Attach the following with this form. Incomplete applications will not be accepted.

1. Copy of the Denial Letter showing the zoning official's disapproval, reason for disapproval, date of disapproval and official's signature.
2. Statements concerning the applicant's justification for the specific items listed above.
3. Property map of the area showing the property for which the variance is requested and all surrounding properties.
4. Plot plan of the property showing the particular information about the zoning certificate request and appeal request.
5. Copies of survey of the property, deeds, land contracts, etc., as necessary.
6. Other maps data drawings etc., necessary for justification of the appeal.
7. Names and addresses of owners of properties adjacent to and across from the subject property that should be notified of a public hearing. (omissions may be grounds for denial)
8. Any additional letters or notes that provide additional detail, or comment in support of the Appeal Application.

Property Owner's Certification: I certify all the information contained in this application and its supplements, is true and correct

Signature: \_\_\_\_\_

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

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### FOR OFFICE USE ONLY

Date Zoning Certificate was disapproved: \_\_\_\_\_ Date Application Received: \_\_\_\_\_

Board of Zoning Appeals Action: \_\_\_\_\_

Signature of Board Chairman: \_\_\_\_\_ Date: \_\_\_\_\_