



Application to the  
Board of Zoning Appeals  
7780 South SR 48  
Hamilton Township, OH 45039

**APPEAL**

**APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**SUBJECT PROPERTY**

Street Address \_\_\_\_\_

Parcel ID Number \_\_\_\_\_

Zoning District \_\_\_\_\_

**HAMILTON TOWNSHIP ZONING CODE SECTION 3.8.1.A.**

*(1) Special Application Requirements for Appeals*

- (a) *An appeal to the BZA may be taken by any person aggrieved by a decision of the zoning inspector or by any administrative officer of the township in interpreting or applying the provisions of this zoning code. Such appeal shall be taken within 20 days of receipt of notification of the decision in question, by filing with the zoning inspector and with the BZA, a notice of appeal specifying the grounds thereof including applicable sections of the zoning code.*

**GROUND(S) FOR APPEAL**

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

Code Section(s) \_\_\_\_\_

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Applicant Signature

Date

Application Requirements

- Filing Fee
- Any relevant plans or documents
- Property Owner Affidavit for each parcel included in the request

**Hamilton Township Zoning Code**

**3.8.2. Appeal Review Criteria**

*An order, decision, determination, or interpretation shall not be reversed or modified by the BZA unless there is competent, material, and substantial evidence in the record that the order, decision, determination, or interpretation fails to comply with either the procedural or substantive requirements of this zoning code, state law, or federal law.*

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**For Township Use Only**

Date of Decision \_\_\_\_\_

Application file date \_\_\_\_\_

Fee \_\_\_\_\_ Check Number \_\_\_\_\_ Receipt Number \_\_\_\_\_

Date of Legal Advertisement \_\_\_\_\_

Date of Notice to Adjoining Owners \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Action of the BZA Uphold \_\_\_\_\_ Reverse \_\_\_\_\_ Modify \_\_\_\_\_

Additional Comments

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**PROPERTY OWNER'S AFFIDAVIT**

STATE OF OHIO

COUNTY OF WARREN

I (we) \_\_\_\_\_  
hereby certify that we are all of the owners of the real estate which is the subject of the pending zoning application; that we hereby consent to Hamilton Township considering the attached application and approving the request for the subject real estate. We understand that our application will be considered and processed in accordance with the regulations as set forth by the Hamilton Township Zoning Code; that we agree to accept, fulfill and abide by those regulations and all stipulations and conditions attached to the approval. I (we) authorize Hamilton Township to place a Public Meeting notification sign on the property. I (we) authorize Hamilton Township staff to enter and inspect the property. The statements and attached exhibits are in all respects true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Phone

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public