



BOARD OF ZONING APPEALS APPLICATION

Appeal of the Zoning Inspector's Decision

Staff Use Only	
Date Application Received: _____	Date Notice of Request and Hearing Date Mailed to Adjoining Property Owners: _____
Application Received By: _____	Date Notice of Request and Hearing Date Published in Newspaper: _____
Case #: _____	Hearing Date: _____

Property Information	
Site Address: _____	
Parcel ID: _____	Zoning District: _____
Subdivision: _____	Lot #: _____
Present Use: _____	Acreage: _____

Property Owner Information	
Name(s): _____	
Address: _____	
Phone #: _____	Work #: _____
Email: _____	

In order to fully understand the request, the following supplemental documents are to be provided and marked as the exhibit listed:	
Exhibit A:	Ten (10) copies of the development plan, including the legal description
Exhibit B:	A list of all property owners and mailing address within 500 ft of the exterior boundaries of the parcel to be re-zoned. This list must include all property owners located to the sides, across the road, and to the rear of the parcel to be re-zoned. <i>Omission of property owner(s) names and addresses will result in delays or revocation of the request.</i>
Exhibit C:	A surveyor's map of the property requesting variance or conditional use permit which includes property lines and placement of buildings, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines.
Exhibit D:	A copy of overhead pictures of property of property requesting variance permit which includes property lines and placement of buildings, changes, etc. If applicable, provide current and proposed feet from setback or adjoining property lines. A copy of overhead pictures can be obtained through Delaware County Audit website or Google Maps.
Exhibit E:	Copy of proposed drawing or pictures of structure (including square footage), if applicable.
Exhibit F:	Any other supporting documents you would like to provide for the Troy Township Zoning Board of Appeals to consider.



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Please complete the following (If necessary, please make additional copies of this page)
• Zoning Inspector’s decision/interpretation:
• Why do you believe this decision/interpretation is incorrect, and why do you feel overturning the decision is appropriate in this case. Please be as specific as possible.

Affidavit

I hereby certify that the facts, statements, and information presented within this application form and any subsequent documents attached hereto are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the Township. I hereby certify that I have read and fully understand all the information required in this application form and all applicable requirements of the Troy Township Zoning Resolution.

Property Owner’s Signature

I, _____ (Print Name), hereby certify that all information provided is true and accurate and is submitted to induce the issuance of a zoning permit.

Signature: _____

Date: _____

Note: Applicants must complete this in its entirety and provide all information that is requested. Incomplete applications will be returned and will not be accepted for review by the Troy Township Board of Zoning Appeals until all requested information is provided.