



**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.**

<b>Applicant's Name</b>	_____	<b>Telephone</b>	_____
<b>Applicant's Address</b>	_____	<b>Fax</b>	_____
	_____	<b>Email</b>	_____
<b>Owner</b>	_____	<b>Telephone</b>	_____
<b>Owner's Address</b>	_____	<b>Fax</b>	_____
	_____	<b>Email</b>	_____

### **PROPERTY LOCATION**

Complete mailing address including zip code	Parcel ID#
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**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
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**The minimum application fee is \$350 for residential districts and \$450 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**