



Planning and Zoning Department
4900 Parkway Drive-Suite 150
Mason Ohio 45040
Phone (513) 701-6958 Fax (513) 701-6996

APPEAL TO THE BOARD OF ZONING APPEALS

Please read then complete entire application. Incomplete applications may not be processed.

Applicant's Name	_____	Telephone	_____
Applicant's Address	_____	Fax	_____
	_____	Email	_____
Owner	_____	Telephone	_____
Owner's Address	_____	Fax	_____
	_____	Email	_____

PROPERTY LOCATION

Complete mailing address including zip code

Parcel ID#

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

The minimum application fee is \$300 for residential districts and \$400 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**