BZA-2 (Application) Board of Appeals Case N	lo Filed:
For Hearing on	
Rev. (3/	(24/14)

OXFORD TOWNSHIP BOARD OF ZONING APPEALS DUANE MATLACK (INSPECTOR) 2000 WHIPPLE ROAD DELAWARE, OHIO 43015 740 272-6338

APPLICATION FOR APPEAL, CONDITIONALUSES OR VARIANCE(To be filed by the applicant)

NOTE: Seven copies of this application must be filed the Zoning Inspector who will transmit copies to the Board of Zoning Appeals. The application package shall include a fee of \$400.00 payable to Oxford Township. The application shall be received a minimum of twenty-one (21) days prior to the hearing date.

- 1. The Applicant must file herewith an explicit typewritten statement setting forth:
- 2. The principal points on which this application is made.
- 3. A clear and accurate description of proposed work or use
- 4. Specific reference to the section of the Zoning Resolution under which it is claimed permit should be issued.
- 5. Names and complete mailing addresses of all owners of property owners of land within 500 feet of the subject parcel measured outward from all subject property lines, front rear and sides.
- 6. Plans drawn to scale, showing the actual shape and dimensions of the lot, buildings and accessory buildings existing and intended use of each building or part of a building, the number of families or housekeeping units the building is designed to accommodate and such other information with regard to the lot and neighboring lots as may be necessary to determine and provide for the proper hearing of the application.

NAMES AND ADDRESSES Name of Owner:	Signature (required):	
Telephone-Home: ()	Work Phone: ()	FAX : ()
Address:		
Name of Lessee:	Signature:	
Telephone-Home: ()	Work Phone: ()	FAX : ()
Address:		
Name of Applicant:	Signature:	
Telephone-Home: ()	Work Phone: ()	FAX : ()
Address:		
Address of Property:		
Township:	Property legal description (attach copy of	legal description and survey drawing)
Property Identification Number:		