

# APPLICATION FOR ADMINISTRATIVE APPEAL

Please type or print all information.  
When complete, please submit  
with the hearing fee of \$50.00

Wayne Township, Adams County  
Zoning Commission  
P.O. Box 83  
Cherry Fork, Ohio 45618-0102

Application # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Day \_\_\_\_\_ Mobile

\_\_\_\_\_ Evening \_\_\_\_\_ Email

## 1. LOCATION DESCRIPTION:

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

Physical Address of Property \_\_\_\_\_

Lot Number \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

Subdivision Name \_\_\_\_\_

(If not in a platted subdivision attach a legal description of the area)

## 2. BACKGROUND INFORMATION:

Indicate, in chronological order, any previous applications, actions, orders, etc. \_\_\_\_\_

Indicate the Article(s) of the Wayne Township Zoning Resolution that was enforced \_\_\_\_\_

## 3. NATURE OF REQUEST:

Indicate the Zoning Inspector's decision/interpretation \_\_\_\_\_

Explain why you believe this decision/interpretation is in incorrect \_\_\_\_\_

**4. SUBMITTAL OF PLANS:** Plans in triplicate (3 copies) and drawn to scale **must accompany** this application showing boundary lines, dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of proposed buildings or alterations, the use of land and location of structures of adjacent properties, and any natural or topographic peculiarities of the lot in question.

I certify that the information contained in this application and its supplements is true and correct.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_