	Bainbridge Township 17826 Chillicothe Road Chagrin Falls, Ohio 44023 (440) 543-9871 www.bainbridgetwp.com Email: zoning@bainbridgetwp.com	**APPLICATION FOR** **NOTICE OF APPEAL ALLEGING ERROR BY TOWNSHIP ZONING INSPECTOR**	**DATE RECEIVED:** (OFFICE USE) APPLICATION NO._____ BZA NO._____ FACILITY FILE NO. _____

The undersigned hereby applies for an area variance for the following described real property. All completed applications for an area variance shall be submitted to the Zoning Inspector and shall, at a minimum, include the following information. The Zoning Inspector or the Board of Zoning Appeals may request such additional information as may be necessary to ensure compliance with the Zoning Resolution or waive requested information that is not applicable.

This application shall be completed by the property owner of record or his/her authorized attorney. Incomplete applications will <u>not</u> be processed. Please print legibly or type all information, sign, and date this form.

1. PROPERTY INFORMATION

Site Address (if different from below):

Geauga County Auditor's Parcel Number:

2. IDENTIFICATION

Appellant: Owner   Attorney

Appellant:

Name		Email		
Address		City	State	Zip
Phone Number(s)	Home	Office	Mobile	

3. ATTACH THE SITE PLAN THAT WAS SUBMITTED WITH ZONING CERTIFICATE APPLICATION (IF APPLICABLE)

4. STATE THE EXACT NATURE OF THE ALLEGED ERROR BY THE TOWNSHIP ZONING INSPECTOR

_____

_____

_____

_____

_____

5. SIGNATURE

The undersigned hereby certifies that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief. I hereby acknowledge that I understand the penalty for falsification is imprisonment for not more than six months, or a fine of not more than $1,000, or both.

Printed Name of Appellant or Attorney:	**Application Date:**
Signature of Appellant or Attorney:	

6. VALIDATION (Office Use Only)

Fee:	$	
Received By:	Date:	
	Title:	