



Bainbridge Township
 17826 Chillicothe Road
 Chagrin Falls, Ohio 44023
 (440) 543-9871

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**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 a notice of appeal alleging error by the Zoning Inspector for the following described real property. All completed applications 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 not 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
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Address	City	State	Zip
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Phone Number(s)	Home	Office	Mobile
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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: _____