



Administration Office
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www.HanoverOhio.net

APPLICATION FOR ZONING APPEAL

Section 509, Hanover Zoning Code

Date _____

Original Zoning Application Number: _____

Zoning Appeal Fee: \$ _____ Check Number: _____ Cash: _____

1. Appellants Name: _____ Phone: _____

2. Mailing Address: _____ City: _____

3. Email Address: _____

4. Property Address: _____

5. Date of Action of the Zoning Inspector that is in dispute: _ / _ / _

6. Nature of Zoning Inspectors action that is the dispute:

7. Explain how the appellant is personally affected by the action and how any harm was unique to the appellant and differs from, that suffered by the community at large:



8. Explain why the appellant believes the Zoning Inspectors Interpretation is incorrect:

I certify the information contained in this two page application and attachments is true and accurate

Applicants signature: _____ Date: _____

-- Below for official use only --

Application Received: ____ / ____ / ____ By: _____

Newspaper Advertising Dates: ____ / ____ / ____ and ____ / ____ / ____ (Sec. 516)

Number of contiguous property owners notified by certified letters: _____ (Sec. 517)

BZA Meeting Date for Appeal: ____ / ____ / ____ (Sec. 518)

Board of Zoning Appeals - Appeal Approved: ____ / ____ / ____ Appeal Denied: ____ / ____ / ____

Signatures:

Village of Hanover, Board of Zoning Appeals: _____

Village of Hanover, P&Z Chairperson: _____

Village of Hanover, Mayor: _____