

OFFICE USE ONLY	
Case No.:	
Received Date:	
Payment Method:	
[] CASH [] CREDIT [] CHECK No	

BOARD OF ZONING APPEALS APPLICATION FOR ADMINISTRATIVE APPEAL

(Please Fill Out Entirely in Type or Legible Print)

Contact	Person:
<u> </u>	
State:	ZIP:
Cell:	Email:
nformation (If the owner is the	applicant, please leave blank)
	** *
State:	ZIP:
Cell:	Email:
Dogwood Inform - 4	
*	n
	Zoning District:
Current Osc.	Zonnig District.
istricts: \$400 e 10 copies istricts must provide large plan	ıs
he applicant is not the owner.	
e information in and with this mises for inspection and verific	application is true and accurate, and consents to ation of information submitted, as applicable;
	Cell: Contact I State: Cell: Request Information Current Use: Zed letter that states the ground ce to Boardman Township Zerill ill not be accepted. istricts: \$400 e 10 copies istricts must provide large plant the applicant is not the owner. Applicant Signature are information in and with this

Phone: 330-726-4181

Forms of Payment Accepted:

- Exact Cash
- Check (Make payable to 'Boardman Township')
- Credit Cards (A convenience fee will apply)

Mail completed applications to:

Boardman Township Zoning Department Attn: Permits 8299 Market Street Boardman, Ohio 44512

Email completed applications to:

Joe Macomber

JMacomber@boardmantwp.com

Revised: 9/9/2022