



Zoning Certificate revised 8/28/2024
BOARD OF ZONING APPEALS ADMINISTRATIVE APPEAL APPLICATION
(Please Complete Entirely Type or Legible Print)

Use this application form when appealing a decision of the Zoning Inspector in accordance with procedures provided in the Boardman Township Zoning Resolution (BTZR) 3.07 APPEALS.

Applicant Information (Owner of property needs to sign page 2)		
Name:		Contact Person:
Company/Firm Name (if applicable):		
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

Request Information
Street Address or Parcel ID:
Case# and/or Title of Decision being Appealed:
Date of receipt of notification of the decision: _____
<i>BTZR3.07(A) states an appeal shall be taken within 20 days after receipt of notification of the decision.</i>
Provide materials and/or exhibits to demonstrate how the appeal satisfies the Appeal Review Criteria of BTZR3.07(D)
<p>Appeal Review Criteria</p> <p>An order, decision, determination, or interpretation shall not be reversed or modified by the BZA unless there is competent, material, and substantial evidence in the record that the order, decision, determination, or interpretation:</p> <ol style="list-style-type: none"> (1) Was arbitrary or capricious; (2) Was based on an erroneous finding of a material fact; (3) Was based on erroneous interpretation of this Resolution or zoning law; or (4) Constituted an abuse of discretion.
<p>Fee</p> <ul style="list-style-type: none"> • Residential District: \$200 • Non-Residential and Special Districts: \$400

Applicant Signature

The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance.

Signature of Applicant: _____ **Date:** _____

Please Print Name: _____

OWNER INFORMATION		
Owner Name: _____		
Mailing Address: _____		
City: _____	State: _____	ZIP: _____
Phone: _____	Email: _____	

1. The undersigned hereby certifies that the information in and with this application is true and accurate, and consents to agents of the township entering the premises for inspection and verification of information submitted, as applicable; and if a permit is issued, to verify conformance to requirements and conditions of issuance. Per Boardman Township Zoning Resolution (BTZR) Section 3.05(E)(2)(a)(i).

2. For complex projects requiring 3rd Party Review by a specialist qualified to verify completeness, accuracy, findings, conclusions and/or recommendations, the Zoning Inspector shall secure from Boardman Township’s list of qualified professionals a cost estimate to perform the review and the applicant shall agree to pay for the service in advance if desiring to proceed. Per BTZR 3.02(B)(2)(b).

3. The undersigned hereby acknowledges that the application’s original filing fee shall be forfeited if the application is determined to be incomplete and the required materials are not submitted within sixty (60) days of the completeness determination at which time the application shall be deemed withdrawn. Per BTZR 3.02(B)(3)(e).

4. If the property is owned by a business, corporation, trust, etc., then a separate notarized letter must also be submitted stating the signator has the authority to apply.

5. If the property has more than one owner, then a signed authorization form must be submitted for each owner.

6. The undersigned hereby authorizes the Zoning Inspector or other Boardman Township staff permission to enter the property to conduct inspection necessary to make a determination on the requested permit application.

Signature of Owner: _____ **Date:** _____

Please Print Name: _____

Notarize

State of _____
 County of _____

The Foregoing instrument was acknowledged before me on the _____ day of _____, 20_____

By _____
 Name of person acknowledging

[Notary Seal and Required Commission Information]

 Signature of Notary Public

My Commission Expires _____