

**INSTRUCTIONS FOR  
COMPLETING NOTICE OF APPEAL  
(RC §519.15)**

To appeal a decision of the Zoning Inspector, or to appeal for a variance, or request a conditional use permit, you must complete a Notice of Appeal in the form prescribed by the Board of Zoning Appeals.

**\*Incomplete applications will not be accepted or processed\*.**

Please complete the Notice of Appeal with the following information:

- Include the legal name of property owner or leaseholder
- Include the property's street address for location purposes
- Include the County Auditor's Tax Parcel Number
- State the current Use Classification Zoning District of the property, i.e, Residential, Commercial, Industrial, etc.
- Attach a copy of the County Tax Map or Survey Map of the property, showing the location of the property in the township, with adjoining properties and public road right of ways.

**COMPLETE AND ANSWER ALL QUESTIONS ASKED**

1. If you are appealing a decision of the zoning inspector, mark an "X" in the brackets and then write in why you feel the zoning inspector's decision was wrong or in error.  
\* If you are not appealing a decision of the zoning inspector, leave question #1 blank.
2. If you are requesting a variance from the zoning regulations mark an "X" in the brackets next to - Appeal for a Variance. You must also mark an "X" in the appropriate brackets indicating what type of variance you are requesting, either an area, height width or set back variance; or a use variance.
  - 2(A) If you are requesting an Area Variance, state the lot area, width, size height, set back or buffer requirements for which you are requesting a variance, and what variance you need.  
\* If you are not requesting an Area Variance leave this question blank
  - 2(B) If you are requesting a Use Variance, (using the property, or locating a structure on the property which is not permitted under the current zoning use classification) state the intended use of the property or structure for which the variance is needed.  
\* If you are not requesting a Use Variance leave this question blank.
  - 2(C) Provide a detailed written explanation as to why the variance (area or use) should be allowed and what hardship will result if the variance is not granted.
3. If you are requesting a conditional use permit mark an "X" in the bracket on paragraph no.3 of the application and provide the necessary information for 3(A) and 3(B)  
Complete Schedule A List of Interested Parties.

Sign and date the Notice of Appeal. File the Notice of Appeal with the Township Zoning Inspector. Call to get the amount of the Filing Fee required to be paid at the time of filing.

**YOUR RIGHTS BEFORE THE BOARD OF ZONING APPEALS**  
*(Chapter 2506 ORC)*

- ☛ You have the right to appeal the decision or order of the Township Zoning Inspector, by filing a Notice of Appeal with the Township Zoning Inspector, within **twenty (20) days** of the decision or order.
- ☛ You have a right to appeal for a **Variance** from the Township Zoning Resolution or to request a **Conditional Use Permit** by filing a Notice of Appeal with the Township Zoning Inspector.
- ☛ You have a right to appear in person, with or without legal representation at the public hearing on your appeal, to present by testimony or other evidence your position, arguments and contentions supporting your appeal or request for a conditional use permit.
- ☛ ~~You have a right to compel the testimony of others, by the power of subpoena, issued by the Board of Zoning Appeals upon your filing of a written request (praecipe) with the Board of Appeals in advance of the hearing.~~
- ☛ You have a right to offer and examine witnesses and present evidence in support of your position.
- ☛ You have a right to cross-examine witnesses purporting to refute or oppose your position, arguments, and contentions.
- ☛ You have a right to offer testimony and evidence to refute and rebut testimony and evidence offered against your position, arguments, and contentions.
- ☛ You have a right to proffer evidence into the record, if admission of such evidence is denied by the Board of Zoning Appeals.
- ☛ All testimony before the Board of Zoning Appeals must be under Oath or Affirmation.
- ☛ You have a right to request and be provided with written findings and conclusion of facts supporting the final order, decision or adjudication of the Board of Zoning Appeals.
- ☛ Proceedings before the Board of Zoning Appeals will be recorded by either a certified Court Reporter or electronic recording device provided by the Board. A record of the proceedings will be made available upon request.
- ☛ If you disagree with the order, decision or adjudication of the Board of Zoning Appeals you have a right to an Administrative Appeal to the Local County Common Pleas Court.

MILTON TOWNSHIP  
BOARD OF ZONING APPEALS

**NOTICE OF APPEAL**

(RC 519.15)

Appeal from Decision of Zoning Inspector

And/or Appeal for Variance Or Application for Conditional Use Permit For appeal from a decision of the zoning inspector one copy of the notice of appeal must be filed with the zoning inspector and one copy with the Board of Zoning Appeals within (20) days after the decision.

Appeal for a Variance or request for Conditional Use Permit has no deadline

Property Owner/Leaseholder: \_\_\_\_\_

Property Address: \_\_\_\_\_

Auditor's Parcel ID# \_\_\_\_\_

~~Current Use Classification Zoning District: \_\_\_\_\_~~

Attach Tax Map or Survey Map of Property Lot  
Complete Schedule A – List of Parties of Interest

INSTRUCTIONS FOR COMPLETING FORM

*Check paragraph 1. [X] if you are appealing the decision of the Zoning Inspector.  
Check paragraph 2. [X] if you are applying for either an area or use variance.  
Check paragraph 3. [X] if you are applying for a conditional use permit.*

1. [ ] – Appeal from Decision of the Zoning Inspector  
(attach copy of decision of zoning inspector)

I, the undersigned appeal the decision of the zoning inspector as being in error for the following reason(s):


\* attach additional sheet(s) if necessary

If you completed the above paragraph and are not asking for an area or use variance do not complete paragraphs 2 and 3. Go to the end and sign the appeal.

2.     – Appeal for a Variance  
      (designate type of variance)  
       – lot area, width, size, height, set back, or buffer requirements  
       – use variance

State the Variance Requested:

- (A) Area variance – State the lot area, width, size, height, set back or buffer requirements from which you request a variance, and the specific variance that you want (i.e., the specific set back, side yard clearance, buffer, height, or width distance or lot area or size that you need:

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- (B) Use Variance – State the intended use of the property for which a variance is required:

- (C) A variance should be allowed in this case to avoid a practicable difficulty or undue hardship which exists for the following reasons:  
(state in detail the reason why a variance should be granted)

3. [ ]<sup>2</sup> I am applying for a conditional use permit

(A) State the conditional use that you are applying for:

(B) State what Section and Paragraph of the Zoning Code provides for the conditional use permit that you are applying for:

Section: \_\_\_\_\_ Paragraph No. \_\_\_\_\_

I represent that the above statements are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant Owner/Leaseholder or  
Legal Representative  
(Address Notices to be sent to, if different from above)

**FOR OFFICIAL USE ONLY**

Date Notice of Appeal Filed: \_\_\_\_\_

Date of Notices & Publication \_\_\_\_\_  
To parties in interest

Date of Hearing \_\_\_\_\_

**DECISION OF THE BOARD OF ZONING APEALS**

Date: \_\_\_\_\_

Attested by:  
Chairman: \_\_\_\_\_  
Secretary: \_\_\_\_\_

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**SCHEDULE A – LIST OF INTERESTED PARTIES**

You must list the name, mailing address, and the Auditors Parcel Identification Number for all property owners adjacent to and contiguous to your property boundaries, and across the street from you property (north, east, south, and west). It is your responsibility to check the Mahoning County Auditor and Tax Map records to assure your list is correct.

Please attach copy of Auditor's Tax Duplicate Card for each property to verify the correct name and mailing address of each property owner, along with the Auditor's Parcel ID Number.