

VILLAGE OF SPENCERVILLE
REQUEST FOR APPEAL

Purpose of this form: To file an appeal due to receiving a ruling or a notice of non-compliance issued by the Zoning Administrator; which you feel adversely affects you. By utilizing this form, your appeal must be received by the Zoning Administrator no later than ten (10) days from the date you received your ruling or notice. The Board of Zoning Appeals shall hear the appeal in the manner required by law.

Name: _____
(Please Print)

Address: _____

Property location concerning this appeal: _____
(If same as residing address, write "Same")

Your association to the property involved in this appeal: (circle one) owner, tenant, attorney, other

If other is circled above, please explain: _____

Date you received your ruling or notice: ____ / ____ / ____

Date you completed this form: ____ / ____ / ____

Complaint number (C#) on your notice (if applicable): C# ____ - ____

State your reason(s) for appeal: _____

(Use the rear of this form if you need additional space)

Return this completed form to the Zoning Administrator at 524 N. Broadway, Spencerville, Ohio

ZONING ADMINISTRATOR'S SIGNATURE

Date Appeals Request received: ____ / ____ / ____

