

**APPEAL FROM ORDER, REQUIREMENT, DECISION OR
DETERMINATION OF ZONING INSPECTOR**

No. _____ A

Filed _____, 20 ____

**BOARD OF ZONING APPEALS
CANTON TOWNSHIP
CANTON, OHIO 44707**

NOTICE: This Appeal must be typewritten, or hand written legibly, and filed within twenty (20) days of the date of the order, requirement, decision or determination, accompanied by necessary data.

Applicant: _____ Address: _____

Owner of premises affected: _____ Address: _____

Lessee of premises affected: _____ Address: _____

To the Board of Appeals:

I hereby appeal from the order, requirement, decision or determination of the Zoning Inspector,

Dated: _____, 20 ____

Premises affected are situated on the N S W E side of _____.
Street Address

(if not a numbered lot attach a Plat showing exact location and boundaries)

Notice of this appeal was filed with the Zoning Inspector on _____, 20 ____.

Description of Case (Specify the grounds of appeals) Attach additional sheet if required.

QUESTIONNAIRE

1. Has any previous application or appeal been filed with this Board on these premises?
Yes ____ No ____ . If yes when: _____
2. How long has present owner held title to property under appeal? _____
3. Is there a school, church, or hospital in the same block or within 200 feet of the premises?
Yes ____ No ____ .
4. Has court summons been served relative to this matter? Yes ____ No ____ .
5. Is there any case pending in court involving the use of the premises or the ownership thereof?
Yes ____ No ____ . If yes, explain _____.
6. Have you inquired of the secretary of the Zoning Commission whether there was any petition pending to change the use district regulations affecting the block on which these premises are located?
Yes ____ No ____ . Is there a petition pending? Yes ____ No ____ .
7. If petition is pending, indicate nature of proposed change, _____.
8. What is the approximate cost of the work involved by this application? \$ _____.
9. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises? Yes ____ No ____ . If so what are they _____.
10. Are you to be represented by an attorney in this matter? Yes ____ No ____

If yes Name: _____ Address: _____

The following are all the individuals, firms, or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this appeal; (List of property owners can be obtained from the Stark County Tax Department, 110 suite 230 Central Plaza S., add additional sheet if required)

Name	Street Address	City & Zip Code
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

NOTE: The following documents must be submitted with appeal;

Attached hereto and made part of this appeal, I submit the following:

1. Copy of decision of the Zoning Inspector on which appeal is based.
2. Copy of notice to the Zoning Inspector that I have appealed.
3. A copy of legal description of property.
4. A copy of the permit application.

STATE OF OHIO

SS

STARK COUNTY

I hereby depose and say that all of the above statements and the statements contained in the papers submitted herewith are true.

 APPLICANT'S SIGNATURE

Sworn to before me this _____ day of _____, 20____, at _____

 NOTARY PUBLIC

AFFIDAVIT OF OWNERSHIP
 (To Be Completed If Applicant Is Not Owner)

STATE OF OHIO

SS. _____ being duly sworn, deposes and says that he

STARK COUNTY

resides at _____ in the city of _____, in the county of _____, in the State of _____, that he is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in Canton Township, Stark County, Ohio aforesaid and known and designated as _____ and that he hereby authorizes _____

to make the annexed application in his behalf and that the statements of fact in said application are true.

Sworn to before me this _____ day of _____, 20____, at _____

 PROPERTY OWNER

 NOTARY PUBLIC