

**ROSS TOWNSHIP
BOARD OF ZONING APPEALS**

The applicant for a request of the Board of Zoning Appeals (BZA) must complete the following & return to:

Ross Township Zoning Inspector
Attn Erik Scott
4740 Cherry Grove Rd
Jamestown, OH 45335

Complete application form as applicable for an Appeal and submit **six copies** of all documents listed:

- o Property tax map which shows the property involved in the request of the BZA.
- o Site map drawn to a legible scale; detailing information pertinent to the request of the BZA for approval consideration.
- o Names and addresses of the owners of all properties within 500 feet of the subject property, as acquired from the Greene County Auditor's office.
- o Any other supportive information which you as the applicant believe may be applicable to your BZA request.
- o Fee listed below, payable to *Ross Township*
 - o \$450 - Variance Application
 - o \$450 - Conditional Use Application
 - o \$250 - Appeal or Interpretation
 - o ***This fee is non-refundable, even if the BZA does not approve the request, unless otherwise refunded by the Township Trustees.***

Upon submission of a complete application per the above instructions, you shall be notified when the BZA hearing shall occur. The hearing is held at the Township Trustee Office located at 1772 South Charleston Rd Jamestown Ohio 45335.

An applicant may withdraw a request in writing at any time prior to BZA action.

Failure of an applicant to appear at their scheduled hearing may result in delay of decision or disapproval of their request, per the discretion of the BZA.

APPLICATION FOR APPEAL
Ross Township Zoning Inspector
Attn Erik Scott
4740 Cherry Grove Rd
Jamestown, OH 45335

1. Name of Applicant _____
Address _____ Phone _____
Email _____

2. Appeal is regarding: _____ Appeal of Zoning Inspector Decision. Date Decision was made _____
_____ Appeal of Notice of Violation. Date of Notice _____

3. Nature of Appeal and alleged error in interpretation of Zoning Resolution.

Attach any supporting documentation for the Board of Zoning Appeals to review.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND SUPPLEMENTS IS TRUE AND CORRECT.

Applicant Signature _____ Date _____