

Milton Township, Ashland County, Ohio
NOTICE OF APPEAL
BOARD OF ZONING APPEALS

Name of Applicant _____

Mailing Address _____

Home Phone Number _____ Business or cell _____

1. Legal Description of Property

Plot Map Section Identification Number _____ Plot Map Identification Number _____

Tax Parcel Identification Number G220 _____ (obtained from www.ashlandcoauditor.org)

Section _____ Acreage of property _____

Subdivision Name (if applicable) _____

2. Property Presently Zoned As _____

3. Existing Use of the lot _____

I AM APPEALING THE DECISION OF THE MILTON TOWNSHIP ZONING INSPECTOR WITH REGARD TO ARTICLE (S) _____ SECTION (S) _____ OF THE MILTON TOWNSHIP ZONING RESOLUTION AS DESCRIBED BELOW (Additional documentation may be attached):

In addition the Milton Township Zoning Inspector shall submit to the Board of Zoning Appeals all records related to the situation which is being appealed.

I hereby certify that all of the information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information and belief.

Date _____

Applicant Name – Print _____

Applicant Name – Signature _____

Date Received by Zoning Inspector _____

Zoning Inspector – Signature _____

Date Received by the BZA Secretary _____

BZA Secretary – Signature _____