APPLICATION FOR APPEAL PETITION

A.A. P.

City of Sharonville
Department of Building Planning & Zoning
10900 Reading Road
Sharonville, OH 45241
(513) 563-0033 – Phone
(513) 563-0617 – Fax

1. Applicant: Name	2. Correspondence Directed to: Name:
Firm:	Firm:
Address:	Address:
City:	City:
State/Zip:	State/Zip
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:

3. Owner:	4. Appeal from Section(s):
Name:	
Address:	
City:	
State/Zip:	
Telephone:	

5. **Location of Property: _____**
Book ____ Page ____ Parcel ____

6. **If the applicant is not the owner, describe the nature of the applicant's interest in the property:_____**
_____
_____
_____

7. **Carefully read the following sign and date below:**
I certify that the information and statements given on this application and attached drawing and/or specifications are, to the best of my knowledge, true and correct.

Application By: _____ _____ _____
Signature Title Date

Submission Requirements:

A letter attached to this application specifying the grounds in which this appeal should be granted in your favor.

A list of names, addresses and phone numbers of all interested parties which would like to be notified of the Hearing so they may attend the same on behalf of the applicant.

FEE SCHEDULE: **FEE DUE:_____**

Residential - $ 75.00
Commercial - $150.00