

## Request for Zoning Appeal

I hereby request an appeal for the Zoning Permit that was denied by the Conneaut Planning/Zoning Manager for the following reasons:

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I understand that my request for appeal must be accompanied by **a 40.00 filing fee** that is non-refundable. Appeals must be received by the office of the Planning/Zoning Manager **prior to the 15<sup>th</sup> of the month preceding the next regularly scheduled Zoning Board of Appeals meeting. The Meeting is held on the SECOND THURSDAY of each month in Council Chambers.**

\_\_\_\_\_  
Signature of appellant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name(s) of appellant(s)

### Zoning Board of Appeals Decision

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Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of ZBA Chairman

\_\_\_\_\_  
Date

|                            |             |              |                    |
|----------------------------|-------------|--------------|--------------------|
| <b>For Office Use Only</b> |             |              |                    |
| <b>Received by:</b>        |             |              |                    |
| <b>Date</b>                |             |              |                    |
| <b>Paid</b>                | <b>Cash</b> | <b>Check</b> | <b>Money Order</b> |
|                            |             |              |                    |