

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:

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 15th 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

Approved _____

Denied _____

Signature of ZBA Chairman

Date

For Office Use Only			
Received by:			
Date			
Paid	Cash	Check	Money Order