



City of Mount Vernon, Ohio
Board of Zoning Appeals

Request for Hearing

Applicant's Information

Owner's Name, Address and Phone

Agent's Name, Address and Phone

Site Information

Site Address	Legal Description
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Parcel Number	Deed Volume and Page Number	Zoning District
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Existing use of property	Proposed use of property
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Hearing Request

Type of Hearing Requested

Variance
 Conditional Use
 Appeal of Decision
 Map Interpretation
 Substantially Similar Use

In the following section, please list a brief description of the request. Narrative statements and any additional documents or information required by the Zoning Code and Chapter 1155 should be attached to this application as separate sheets.

Request:

I hereby certify that the information submitted on this application and on any sketches, drawings or other documents submitted with this application is true and exact.

Date: _____ By: _____

Status of Application

Filing Date	Case Number		
	Hearing Date		
	Fee deposit	Date Paid	Receipt Number
	\$75.00		

Status of Board's Action

Approved
 Denied