

## Tammy Hicks Village Administrator 113 East Railroad Street West Lafayette, Ohio 43845 Office Phone: 740-545-5434

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## **Application for Zoning Appeal**

(Revised 11/15/2023)

To: Board of Zoning Appeals

P.O. Box 175

113 East Railroad Street West Lafayette, Ohio 43845

Appeal No:	Appeal Filed Date:				
	Zoning District:				
The property under consideration is located at:					
	a plot plan, drawn to scale, showing property affected. I am				
requesting permission to:					
My reasons for Appeal are:					

## (continue on blank sheet if more space is required)

Names & Addresses of	all property owners within 150 feet of any	y part of the exterior boundaries of
the proposed change:		
Applicant Signature:		
Address:		
Phone:		
Owner	Lessee/Tenant	
(This Section Internal U	lse Only)	
Application for Appeal I	Fee:	
Cost of Appeal \$50.00		
(Costs associated include	e publishing or posting notice and mailing no	tices of the hearing or hearings)
Received from:	(Applicant of Appeal)	
	(Applicant of Appeal)	
Check or Money Order #:	:	
Received by:		Date:
Date of Hearing:		
	e appeared in the Local Paper:	
Ordinance:		as required by the Zohing
(Do not write in this space	e)	

(This Section Internal Use Only)					
Decision of Zoning Board of Appeals:					
☐ Variance Granted	☐ Variance Denied	Date of Hearing:			
Reason for above decision:					
Members of Board of Zoning Appea	ıls:				
(Zoning Inspector)					

