



HOWLAND TOWNSHIP

Board of Zoning Appeals – Administrative Appeal

205 Niles-Cortland Road NE
Warren, Ohio 44484

Phone: (330)856-5223 Fax: (330)609-5148

NOTE: Appellants are encouraged to contact the Zoning Department for assistance and to discuss the processes before submitting a formal application.

FOR OFFICE USE ONLY:

Receipt Number:	Application Number:	BZA Date:
Amount Received:	Date Received:	BZA Action:
N, S, E, W (Circle) Side of (Street):		
Nearest Intersection: AND		

I. PROPERTY INFORMATION: *This section MUST be completed.*

Property Address:	
Tax ID/Parcel Number:	Parcel Size (Acres):
Existing Land Use Development:	
Proposed Land Use Development:	
Existing Zoning District:	

II. NATURE OF THE APPEAL: *Attach additional sheets, if necessary.*

Please specify the nature of and grounds for the requested appeal:

III. PLEASE SUBMIT THE FOLLOWING:

<input type="checkbox"/>	ONE (1) ORIGINAL SIGNED AND NOTARIZED APPLICATION AND ONE DIGITAL COPY.
<input type="checkbox"/>	A LEGAL DESCRIPTION OF THE PROPERTY.
<input type="checkbox"/>	TAX PARCEL ID MAP indicating surrounding property owners and parcel numbers for parcels within 150 feet of the site. These must be acquired from the Trumbull County Auditor's Office.
<input type="checkbox"/>	FILING AND PUBLIC NOTIFICATION FEE. If the Board confirms the decision of the Township, then the appellant shall be responsible for the costs associated with the Public Hearing (filing fee, public notification), in addition to the fine(s) associated with violation of this Code.

IV. CONTIGUOUS PROPERTY OWNERS: *Please attach additional sheets, if necessary.*

The *Ohio Revised Code* requires notification to surrounding property owners of pending applications under public review. Please list neighboring property owners within **150 feet** of the property's perimeter. The information must be in accordance with the Trumbull County Auditor's current tax list. The Trumbull County Auditor can be reached via phone at (330) 675-2420. Electronic lists are encouraged.

PROPERTY OWNER	MAILING ADDRESS	CITY, STATE, ZIP CODE

V. PROPERTY OWNER: *This section must be completed.*

Current Property Owner:	
Mailing Address (Street, City, State, Zip Code):	
Phone Number:	Fax Number:
E-mail or Alternate Contact Information:	

VI. REPRESENTATIVE(S) OF OWNER: *Please complete, if applicable. Attach sheets for additional representatives.*

Representative (Tenant, Contractor, Architect, etc.):	
Mailing Address (Street, City, State, Zip Code):	
Phone Number:	Fax Number:
E-mail or Alternate Contact Information:	

VII. AUTHORIZATION TO VISIT PROPERTY: Site visits to the property by Township representatives are essential to process this application. The Owner, as notarized below, hereby authorizes Township representatives to visit and photograph the property described herein.

VIII. AUTHORIZATION FOR OWNER REPRESENTATIVE: *Please complete and notarize, if applicable. Attach sheets for additional representatives.*

I/We, _____, the owner(s), hereby authorize _____ to act as my/our representative in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.	
Signature of Current Property Owner:	Date:

Subscribed and sworn to before me this _____ day of _____, 20____

State of _____ Notary Public

County of _____

IX. APPELLANT'S AFFIDAVIT: *This section MUST be completed and notarized.*

I/We, _____, the owner or authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits, and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Current Property Owner:	Date:

Subscribed and sworn to before me this _____ day of _____, 20____

State of _____ Notary Public

County of _____