



BOARD OF ZONING APPEALS

APPLICATION COVER PAGE

Submission Date: \_\_\_\_\_

Application for (select all that apply): [ ] Appeal [ ] Conditional Use [ ] Use Variance [ ] Variance(s)

Instructions

Complete this cover page and have it notarized. Submit the cover page along with the relevant application, required fee, and attachments to:

Department of Planning, Neighborhoods & Development
c/o Dayton Board of Zoning Appeals (6th Floor)
101 W. Third St.
Dayton, OH 45402

This application should only be completed after receiving a written Zoning Administration Refusal, Legal Notice of Violation, or Landmarks Commission Decision. Applications that are not complete or are illegible will be returned to the applicant and will not be scheduled for public hearing. Incomplete applications shall be a basis for denial. Submit all application materials by the 30-day deadline, and you will be placed on the agenda for the next available public hearing. For more information and a complete list of deadlines, visit www.daytonohio.gov/BZA. If you have questions or would like to schedule an application interview, please call BZA Secretary Jeff Green at (937) 333-3302.

Property Information

Property Address: \_\_\_\_\_
Street Address

Parcel(s) ID or City Lot #: \_\_\_\_\_
City State ZIP Code

Zoning District: \_\_\_\_\_ Planning District and/or Neighborhood: \_\_\_\_\_

Land Use Board: \_\_\_\_\_ Historic District (if applicable): \_\_\_\_\_

Authorization to Visit Property

Site visits to the property by City representatives are essential to process this application. By signing below, the owner/applicant authorizes City representatives to visit and photograph the property described in this application.

Applicant Information

Full Name/ Company: \_\_\_\_\_

Address: \_\_\_\_\_
Street Address Apartment/Unit #

Phone: \_\_\_\_\_ Email: \_\_\_\_\_
City State ZIP Code

**Owner Information (if different than Applicant)**

Full Name/  
Company: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*  
\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notarization**

*I hereby depose and say that the above statements and the statements contained in all exhibits transmitted herewith are true.*

**Applicant**

\_\_\_\_\_  
Interest of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Notary Public**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature