

**APPLICATION FOR APPEAL  
LIBERTY TOWNSHIP, UNION COUNTY, OHIO**

P.O. Box 122 | Raymond, Ohio 43067 | (937) 303-2028 | liberty.township.zoning@gmail.com

The undersigned hereby appeals to the Liberty Township Board of Zoning Appeals ("BZA") for reversal or modification of a decision rendered by the Liberty Township Zoning Inspector. Said appeal shall be assessed on the basis of the information contained within this application, as well as on information provided by any party at a public hearing conducted under the terms of the Resolution. The applicant recognizes that the BZA is under no obligation to grant the requested appeal, and that the fee associated with this application is not refundable under any circumstances. The applicant hereby certifies that all information provided and attachments to this application are true and correct.

IN ADDITION to this form, the applicant MUST supply:

- A copy of the application that was denied or disputed, along with associated documents.
- A complete, detailed written description of the specific relief requested.
- A certified check or money order for the appropriate fee made out to LIBERTY TOWNSHIP. (Fee schedule is on the Liberty Township website [www.libertytownshipunionco.com](http://www.libertytownshipunionco.com))

Location of property (address or parcel number): \_\_\_\_\_

Name of land owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Description and justification of appeal: (Attach additional sheets if needed.) \_\_\_\_\_

Signature of appellant: \_\_\_\_\_ Date: \_\_\_\_\_

Address and phone number if different from land owner: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Application# \_\_\_\_\_ Date: \_\_\_\_\_ Permit# \_\_\_\_\_ Date: \_\_\_\_\_

BZA Chairperson: \_\_\_\_\_ Approved: YES NO

Reason for denial: \_\_\_\_\_