

FEE: \$300.00 + certificate of mailing fees

**NIMISHILLEN TOWNSHIP
ZONING BOARD OF APPEALS INSTRUCTIONS
FOR FILING APPLICATION OF APPEAL**

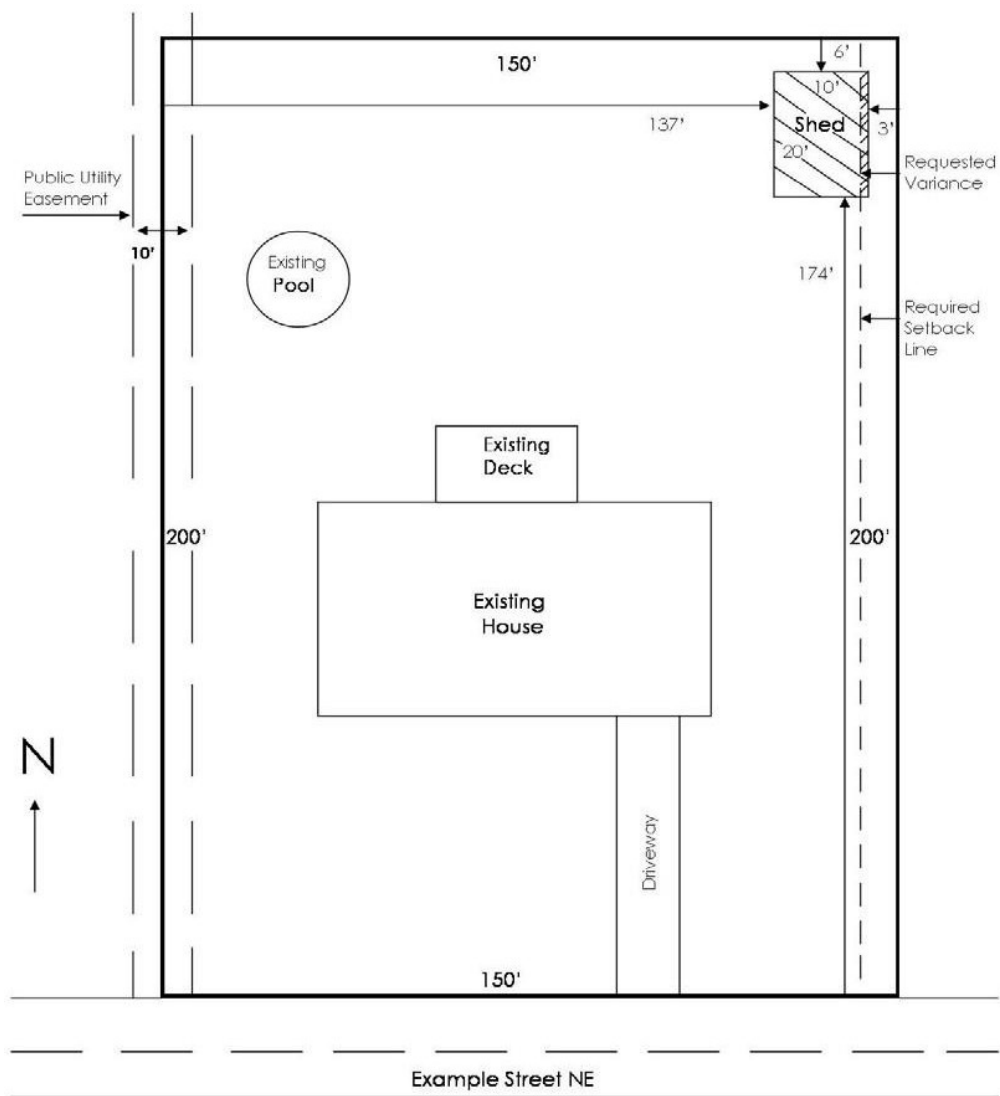
In order to process your application as soon as possible after filing, the following requirements are detailed for your convenience:

- A. **You must submit eight (8) copies and one (1) original of the entire application, including denial letter, any drawings, maps and the notary page.**
- B. Description, location, use of land and request or reason of appeal must be clearly described in detail and in a legible manner on the application. (see page 4)
- C. The questionnaire page must be completed. (see page 5)
- D. **Ten (10) copies of the map of the area involved must be submitted with the application.** The parcel affected must be marked on the tax map with diagonal lines. (Maps and names may be obtained at the Stark County Auditor's Map Office located in the Stark County Office Building, 110 Central Plaza South, Suite 210, Canton, Ohio 44702). The owners name and tax mailing addresses of adjacent properties, including across the street must be listed on the application in the space provided. **Both** addresses **must** be included. (see page 6)
- E. Application must be **filled out completely**, typed or **legibly handwritten** and **notarized**. If the person filing the application is not the owner of the property, an affidavit of ownership must be signed and notarized along with a written letter from the owner giving the applicant permission to apply for the appeal. (see page 7)
- F. If the applicant is a business and not an individual, please attach a letter on the business' letterhead stating the applicant's full business name, identifying the person signing for the applicant by name and title, and stating that said person is authorized to sign for the applicant.

If the owner is a business and not an individual, please attach a letter on the business' letterhead stating the owner's full business name, identifying the person signing for the owner by name and title, and stating that said person is authorized to sign for the owner.
- G. A **\$300.00 filing fee plus certificate of mailing fees as indicated on the letter of denial** shall accompany this application. Payment is to be made by check or credit card. Checks are to be made payable to the Nimishillen Township Board of Trustees. (Please note that the filing fee does **not** include any permit fees associated with required permits if the Board grants approval of your appeal.)
- H. After filing the application, you will be notified by certified mail of the date, time and place of the hearing. **Your presence at the hearing is mandatory.**

- I. When filing an appeal which proposes construction of a new residential or commercial building, **ten (10) copies of a site plan (drawn to scale) with North arrow** must be submitted with the application. The site plan must include property dimensions, size and location (setbacks) of all existing and proposed structures and platted easements, parking spaces, driveway area and landscaping plan (if applicable).
- J. When requesting a variance to permit construction of an addition to an existing building or an accessory building, **ten (10) copies of a site plan (drawn to scale) with North arrow** must be submitted with the application. The site plan must include property dimensions, size and location (setbacks) of all existing and proposed structures and platted easements, parking spaces, driveway area and landscaping plan (if applicable). Mark proposed addition or building in diagonal lines and requested variance in cross hatched lines.

Example (site plan is NOT to scale):



APPEAL FROM ORDER, REQUIREMENT, DECISION, OR DETERMINATION OF ZONING DIRECTOR

Application No.

Filed

Nimishillen Township

BOARD OF ZONING APPEALS

4915 N Nickleplate Ave
Louisville, Ohio 44641
330.875.9924

NOTICE: This Appeal must be filed within twenty (20) days of the date of the order, requirement, decision or determination of the Zoning Director.

I hereby appeal from the order, requirement, decision or determination of the Zoning Director, dated _____

Applicant

Phone

Mailing Address

Owner of premises affected

Phone

Mailing Address of Owner

Address of Property

Affected Subdivision Name

Lot No. _____

(If not in a platted subdivision, attach a legal description)

Zoning District

Map Section

NARRATIVE PAGE

In the space provided below, please give a detailed description of your case. Include a brief background setting forth the interpretation that is claimed, specify the provisions of the resolution involved, give details of the variance being applied for and specify the grounds on which it is claimed the variance should be granted. Attach an additional sheet if necessary.

QUESTIONNAIRE PAGE

1. Has any previous application or appeal been filed with the Board on these premises?

If yes, when?

2. How long has present owner held title to the property?

3. Is there a school, church or hospital in the same street-block or within 200 feet of the premises in question?

4. Has court summons been served relative to this matter?

5. Is there any case pending in court involving the use of the premises or the ownership thereof?

If yes, explain

6. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises?

If so, what are they?

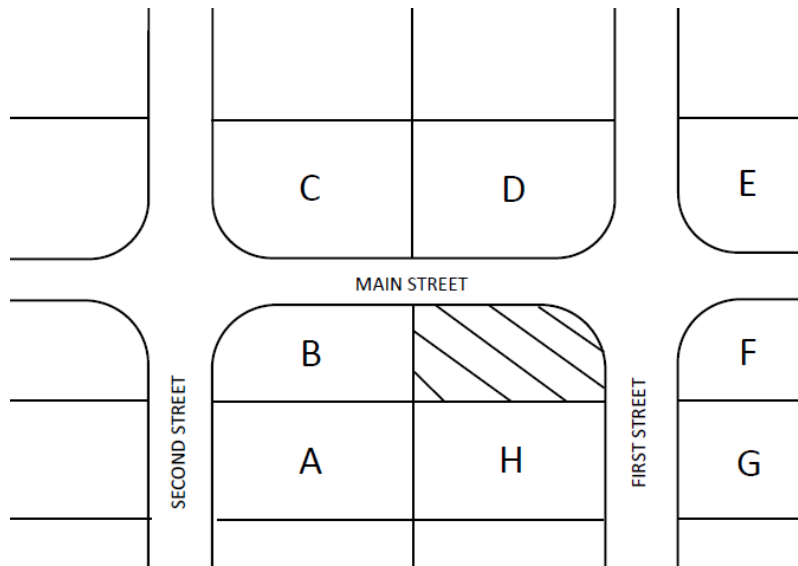
7. Are you to be represented by an attorney in this matter?

If yes, give name and address.

8. What is the approximate cost of the work involved by this application?

ADJACENT PROPERTY OWNER PAGE

Example:



Note: This sketch may not reflect the exact configuration of your property or adjacent properties. It is intended to serve only as a guide to help determine which properties may be adjacent to yours for notification purposes. Do not use this sketch for your map that is required as a part of this application.

Please list all the individuals, firms or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this appeal. Add additional sheet if necessary.

NAME

ADDRESS

(Address and Tax Mailing Address if different)

-
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
 - 9.
 - 10.
 - 11.
 - 12.

NOTARY PAGE

I hereby depose and say that all of the statements contained in the papers submitted herewith are true.

Applicant's Printed Name - Title

Applicant's Signature

Sworn to before me this _____ day of _____ 20 _____, by me said Applicant _____.

Notary Public

**AFFIDAVIT OF OWNERSHIP
(To be complete if applicant is not owner)**

_____ being duly sworn, deposes and says he/she resides at
(Owner's Name)
_____ in the County of _____, in the State
(address)
of _____, that he/she is the owner of the affected property located in the Township
of Nimishillen, Stark County, Ohio and known as _____ and
(address or parcel)
he/she hereby authorizes _____ to make this application in his/her behalf and
(Applicant's Name)
that the statements of fact contained in said application are true.

Owner's Printed Name - Title

Owner's Signature

Sworn to before me this _____ day of _____ 20 _____, by me said Owner _____.

Notary Public