



City of Centerville Appeal Petition

100 West Spring Valley Road, Centerville, Ohio 45458
Phone: (937) 433-7151 Fax: (937) 433-8221
E-mail: planning@centervilleohio.gov
www.centervilleohio.gov

Application No. _____

Date Received _____

1. Nature of the Appeal

A. This Petition appeals the decision, interpretation, judgment, or determination of:

- Administrative Official
- Board of Architectural Review
- Planning Commission

B. The decision, interpretation, judgment, or determination of was rendered by the City on the _____ day of _____, 20_____.

C. Attach a narrative statement that states the decision, interpretation, judgment, or determination rendered by the City including all appropriate Articles and Sections of the Unified Development Ordinance.

D. Attach a narrative statement that describes the basis for this Appeal where the City allegedly erred in its ruling including all appropriate Articles and Sections of the Unified Development Ordinance.

2. General Information

Applicant Name: _____

Company/Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax No.: _____ E-Mail: _____

Property Address: _____

Zoning District: _____ Existing Use: _____

Auditors Parcel ID No.: _____ County: _____

Please call (937) 433-7151 ext. 4760 to schedule an appointment or if you have any questions regarding this petition.

Departmental Use Only

FEES PETITION FEE: _____	PLANNING COMMISSION PUBLIC NOTICE POSTED _____ (date) CITY COUNCIL PUBLIC NOTICE POSTED _____ (date)	REVIEW <input type="checkbox"/> Administrative <input type="checkbox"/> Planning Commission <input type="checkbox"/> City Council	DECISION RENDERED <input type="checkbox"/> Affirmed <input type="checkbox"/> Affirmed with Modifications <input type="checkbox"/> Denied Date: _____ _____ Signature
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3. Property Owner Information

Property Owner Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: _____ E-Mail: _____

4. Public Hearing

The petitioner shall provide a list of names and mailing addresses of all property owners within 500 feet of any part of the parcels of land in question as a part of the Petition in accordance with Article 5.19 of the Unified Development Ordinance.

5. Applicant Signature

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of this zoning certificate as determined by the City Planner. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. I am aware that the City has attempted to request everything necessary for an accurate and complete review of my proposal; however, that after my application has been submitted and reviewed by City staff, it may be necessary for the City to request additional information and clarification.

I hereby certify, under penalty of perjury, that all the information provided on this application is true and correct.

Signature of Owner or Authorized Agent

Date

Print Name of Owner or Authorized Agent