

**NOTICE OF APPEAL
BOARD OF ZONING APPEALS
VILLAGE OF FORT RECOVERY
MERCER COUNTY, OHIO**

Application No.: _____

Name of Applicant: _____

Mailing Address: _____

Telephone No.: (Home) _____ (Work) _____

The undersigned requests review of the decision by the Zoning Enforcement Officer of
Application For Zoning Permit No. _____, denied (issued) on _____,
20___. It is the applicant's contention that the following error was made in the
determination of the Zoning Enforcement Officer:

Signature of Applicant

FOR OFFICIAL USE ONLY

Date Filed: _____ **Date of Notice to Parties in Interest:** _____

Date of Notice in Newspaper: _____ **Date of Public Hearing:** _____

Fee Paid: _____

Decision of Board of Zoning Appeals: Approved _____ Denied _____

If Approved, the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If Denied, reason for denial:

Date _____

Board of Zoning Appeals Chairman

Note: One (1) copy to be filed with the Zoning Enforcement Officer and two (2) copies with the Board of Zoning Appeals.