City of Mount Vernon, Ohio
Board of Zoning Appeals &
Municipal Planning Commission

Request for Hearing

Applicant's Information
Owner's Name, Address, Phone, email address
Agent's Name, Address, Phone, email address

Site Information		
Site Address		Legal Description
Parcel Number	Deed Volume and Page Number	Zoning District
Existing use of property		Proposed use of property

Hearing Request
Type of Hearing Requested: ☐ Appeal ☐ Conditional Use ☐ Variance ☐ Other
In the following section, please provide a brief description of the request. Any additional documents or information required by the Zoning Code and/or supporting your request should be attached to this application as separate sheets.
Request:
I hereby certify that the information submitted on this application and on any sketches, drawings or other documents submitted with this application is true and exact. Date: By:

Status of Application			
Filing Date	Case Number		
	Hearing Date		
	Fee deposit ***$100.00***	Date Paid	Receipt Number
Status of Board's Action ☐ Approved ☐ Denied			

Revised 2025-01.24