Minster
A GREAT COMMUNITY

APPLICATION FOR ADMINISTRATIVE APPEAL
BOARD OF ZONING APPEALS
VILLAGE OF MINSTER
AUGLAIZE COUNTY, OHIO

Application Number: _____

Name of Applicant: _____

Mailing Address: _____

Telephone: (Home) _____ **Work:** _____

The undersigned requests review of the decision by the Zoning Administrator of **Application for Zoning Permit Number:** _____, denied (issued) on _____. It is the applicant's contention that the following error was made in the determination of the Zoning Administrator:

_____

_____

_____

_____

_____

_____

_____
Signature of Applicant

FOR OFFICIAL USE ONLY

Date Filed: _____ **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 President

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