DAYTON

Department of Planning, Neighborhoods & Development

Planning Division

City Hall
101 W. Third Street
P.O. Box 22
Dayton, OH 45401
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www.daytonohio.gov

BOARD OF ZONING APPEALS

APPLICATION COVER PAGE

Submission Date: _____

Application for (select all that apply): ☐ Appeal ☐ Conditional Use ☐ Use Variance ☐ Variance(s)

Instructions

Complete this cover page and have it notarized. Submit the cover page along with the relevant application, required fee, and attachments to:

Department of Planning, Neighborhoods & Development
c/o Dayton Board of Zoning Appeals (6th Floor)
101 W. Third St.
Dayton, OH 45402

This application should only be completed after receiving a written Zoning Administration Refusal, Legal Notice of Violation, or Landmarks Commission Decision. Applications that are not complete or are illegible will be returned to the applicant and will not be scheduled for public hearing. Incomplete applications shall be a basis for denial. Submit all application materials by the 30-day deadline, and you will be placed on the agenda for the next available public hearing. For more information and a complete list of deadlines, visit www.daytonohio.gov/BZA. All applications shall only be paid via check and addressed to the "City of Dayton". No other payment option is available. If you have questions or would like to schedule an application interview, please call BZA Secretary Jeff Green at (937) 333-3302.

Property Information

Property Address: _____
Street Address

_____
City *State* *ZIP Code*

Parcel(s) ID or City Lot #: _____

Zoning District: _____ Planning District and/or Neighborhood: _____

Land Use Board: _____ Historic District (if applicable): _____

Authorization to Visit Property

Site visits to the property by City representatives are essential to process this application. By signing below, the owner/applicant authorizes City representatives to visit and photograph the property described in this application.

Applicant Information

Full Name/ Company: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Property Owner Information (if different than Applicant)

Full Name/
Company: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Signature: _____ Date: _____

Notarization

I hereby depose and say that the above statements and the statements contained in all exhibits transmitted herewith are true.

Applicant

_____
Interest of Applicant

_____
Signature

_____
Printed Name

_____
Date

Notary Public

Subscribed and sworn before me this _____ day of _____ , 20_____

My commission expires on _____ , 20_____

_____
Signature