***Board of Zoning Appeals***

**Washington Township – Brown County, Ohio**

Application No:

Name of Applicant:

Mailing Address:

Phone Number(s): Home / Cell / Work

Name of Property Owner(s):

Address of Premises:

Auditor’s Real Estate Tax Parcel Number:

Zoning District:

\*The undersigned requests review by the Board of Zoning Appeals for the following decision (interpretation) by the Zoning Administrator (of the zoning ordinance):

Date: Applicant Signature:

Note: This application shall be filed with the Zoning Administrator and shall be accompanied by a fee, as established by the Zoning Ordinance.

Fee: $ Payment type: Check# (if applicable)

Received by: Date:

\*On another sheet of paper: provide names, addresses and Auditor’s Real Estate Tax Parcel Numbers for all owners of properties adjoining the “Address of Premises” stated above.