



THE CITY OF MT HEALTHY
ECONOMIC DEVELOPMENT
BUILDING AND PLANNING
 7700 Perry Street
 Mt. Healthy, Ohio 45231
 513.728.3182
www.mthealthy.org

APPLICATION FOR APPEAL PETITION

Application Number: _____	Date: _____
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Project Address: _____

APPLICANT	CORRESPONDENCE DIRECTED TO
NAME	NAME
FIRM	FIRM
ADDRESS	ADDRESS
CITY	CITY
STATE/ZIP	STATE/ZIP
PHONE	PHONE
EMAIL	EMAIL

OWNER	APPEAL FROM SECTION
NAME	
ADDRESS	
CITY	
STATE/ZIP	
PHONE	ZONING DISTRICT

In the applicant is not the owner, describe the nature of the applicant's interest in the property: _____

I certify that the information statements given on this application and attached drawing(s) and/or specifications are, to the best of my knowledge, true and correct:

Application by: _____

Signature	title	date
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Submission Requirements:

A letter attached to this application specifying the grounds in which this appeal should be granted in your favor.

Application Fee _____ \$300.00 (res.)/\$450.00 (comm) _____ PAID CASH CHECK # _____



Application for Appeal Petition

Date Filed: _____

Date of Public Hearing: _____

Date of Notice to Newspaper: _____

Date of Notice to Parties in Interest: _____

Decision of the Board: Approved Denied **Date:** _____

Special Notes/Provisions: _____

Reason for Denial: _____

Board, Chairperson