



BZA Case# _____	Date Received: _____	Reviewed By: _____
BZA Meeting Date: _____		Date of Legal Publication: _____
Fee: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card
		<input type="checkbox"/> Check # _____

### Board of Zoning Appeals Application

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Request:

- Administrative Appeal     
 Conditional Use     
 Variance

Property Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot#: \_\_\_\_\_

Parcel ID#: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Nature of Request: \_\_\_\_\_

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*I hereby authorize and grant to the City of Clayton Officials and employees, members of the Board of Zoning Appeals the right to come onto the above described property for the purpose of inspecting and evaluating the premises regarding this application. I further release said Board members, and City employees and officials from any and all liability during said inspection and related matters.*

*I swear that the above information and attached exhibits, to my knowledge, are true and correct. I understand that if the information on this application is not correct or complete, the result may be the invalidation of the approval and all subsequent permits issued in conjunction with this approval.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Affidavit**

**State of Ohio**  
**County of Montgomery**

I (We) \_\_\_\_\_ after being first duly sworn, depose and say:

- 1. That I (We) are the owner(s) of the above described real estate;
- 2. That I (We) have read and examined the Application for Conditional Use, Variance or Administrative Appeal of the City of Clayton Codified Ordinance, and are familiar with its contents; and
- 3. That I (We) have no objections to, and consent to such request as set forth in the application.

\_\_\_\_\_  
Property Owner(s) Signature(s)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

Subscribed and sworn to be before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Name (Person to be contacted for details, if other than above signatory)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number