



City of Mount Vernon, Ohio
 Board of Zoning Appeals &
 Municipal Planning Commission
 Request for Hearing

Applicant's Information

Owner's Name, Address, Phone, email address

Agent's Name, Address, Phone, email address

Site Information

Site Address		Legal Description
Parcel Number	Deed Volume and Page Number	Zoning District
Existing use of property		Proposed use of property

Hearing Request

Type of Hearing Requested: Appeal Conditional Use Variance Other

In the following section, please provide a brief description of the request. Any additional documents or information required by the Zoning Code and/or supporting your request should be attached to this application as separate sheets.

Request:

I hereby certify that the information submitted on this application and on any sketches, drawings or other documents submitted with this application is true and exact.

Date: _____ By: _____

Status of Application

Filing Date	Case Number		
	Hearing Date		
	Fee deposit	Date Paid	Receipt Number
	\$100.00		

Status of Board's Action

Approved Denied