

**FEE: \$350.00 + certificate of mailing fees**

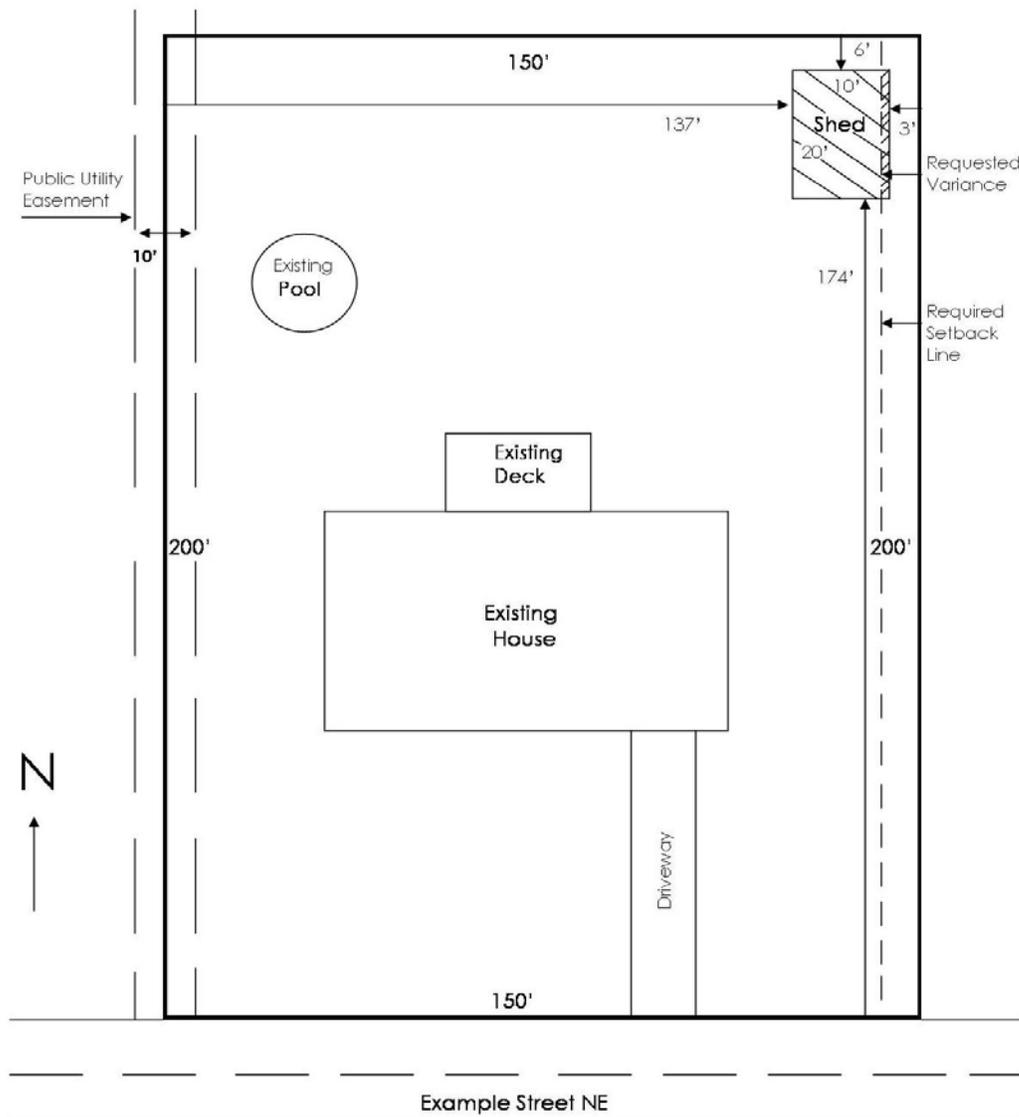
**PLAIN TOWNSHIP ZONING BOARD OF APPEALS  
INSTRUCTIONS FOR FILING APPLICATION OF APPEAL**

In order to process your application as soon as possible after filing, the following requirements are detailed for your convenience:

- A. **This application must be submitted by the first (1<sup>st</sup>) business day of the month.**
- B. **You must submit nine (9) copies and one (1) original of the entire application, including denial letter, any drawings, maps and the notary page.**
- C. Description, location, use of land and request or reason of appeal must be clearly described in detail and in a legible manner on the application. (see page 4)
- D. The questionnaire page must be completed. (see page 5)
- E. **Ten (10) copies of the map of the area involved must be submitted with the application.** The parcel affected must be marked on the tax map with diagonal lines. (Maps and names may be obtained at the Stark County Auditor's Map Office located in the Stark County Office Building, 110 Central Plaza South, Suite 210, Canton, Ohio 44702). The owners name and tax mailing addresses of adjacent properties, including across the street must be listed on the application in the space provided. **Both** addresses **must** be included. (see page 6)
- F. Application must be **filled out completely**, typed or **legibly handwritten** and **notarized**. If the person filing the application is not the owner of the property, an affidavit of ownership must be signed and notarized along with a written letter from the owner giving the applicant permission to apply for the appeal. (see page 7)
- G. If the applicant is a business and not an individual, please attach a letter on the business' letterhead stating the applicant's full business name, identifying the person signing for the applicant by name and title, and stating that said person is authorized to sign for the applicant.  
  
If the owner is a business and not an individual, please attach a letter on the business' letterhead stating the owner's full business name, identifying the person signing for the owner by name and title, and stating that said person is authorized to sign for the owner.
- H. A **\$350.00 filing fee plus certificate of mailing fees as indicated on the letter of denial** shall accompany this application. Checks are to be made payable to the Plain Township Board of Trustees. (Please note that the filing fee does **not** include any permit fees associated with required permits if the Board grants approval of your appeal.)
- I. After filing the application, you will be notified by certified mail of the date, time and place of the hearing. **Your presence at the hearing is mandatory.**

- J. When filing an appeal which proposes construction of a new residential or commercial building, **ten (10) copies of a site plan (drawn to scale) with North arrow** must be submitted with the application. The site plan must include property dimensions, size and location (setbacks) of all existing and proposed structures and platted easements, parking spaces, driveway area and landscaping plan (if applicable).
- K. When requesting a variance to permit construction of an addition to an existing building or an accessory building, **ten (10) copies of a site plan (drawn to scale) with North arrow** must be submitted with the application. The site plan must include property dimensions, size and location (setbacks) of all existing and proposed structures and platted easements, parking spaces, driveway area and landscaping plan (if applicable). Mark proposed addition or building in diagonal lines and requested variance in cross hatched lines.

Example (site plan is NOT to scale):



**APPEAL FROM ORDER, REQUIREMENT, DECISION OR  
DETERMINATION OF ZONING DIRECTOR**

Application No. \_\_\_\_\_

Filed \_\_\_\_\_

**BOARD OF ZONING APPEALS  
PLAIN TOWNSHIP  
2600 EASTON STREET NE  
CANTON, OHIO 44721  
330-492-4686**

NOTICE: This Appeal must be filed within twenty (20) days of the date of the order, requirement, decision or determination of the Zoning Director.

I hereby appeal from the order, requirement, decision or determination of the Zoning Director, dated \_\_\_\_\_.

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

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

Owner of premises affected \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address of Owner \_\_\_\_\_

Address of Property Affected \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot No. \_\_\_\_\_  
(If not in a platted subdivision, attach a legal description)

Zoning District \_\_\_\_\_ Map Section \_\_\_\_\_

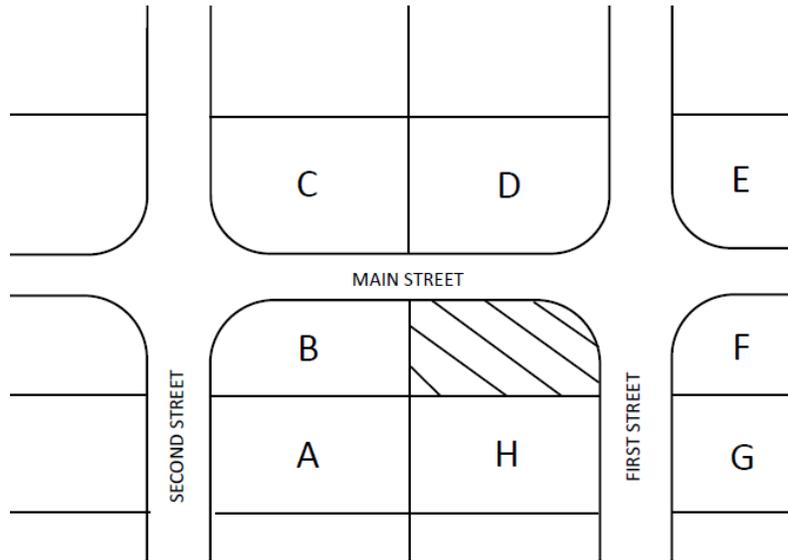


**QUESTIONNAIRE PAGE**

1. Has any previous application or appeal been filed with the Board on these premises?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_
  
2. How long has present owner held title to the property? \_\_\_\_\_
  
3. Is there a school, church or hospital in the same street-block or within 200 feet of the premises in question? Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. Has court summons been served relative to this matter? Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Is there any case pending in court involving the use of the premises or the ownership thereof?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_
  
6. Are there any restrictions of record by deed or otherwise which would prevent the proposed use of the premises?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what are they? \_\_\_\_\_  
\_\_\_\_\_
  
7. Are you to be represented by an attorney in this matter? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give name and address. \_\_\_\_\_
  
8. What is the approximate cost of the work involved by this application? \_\_\_\_\_

**ADJACENT PROPERTY OWNER PAGE**

**Example:**



**Note: This sketch may not reflect the exact configuration of your property or adjacent properties. It is intended to serve only as a guide to help determine which properties may be adjacent to yours for notification purposes. Do not use this sketch for your map that is required as a part of this application.**

Please list all the individuals, firms or corporations owning property adjacent to both sides and rear, and the property in front of (across the street from) the premises which are the subject of this appeal. Add additional sheet if necessary.

Name

Address and Tax Mailing Address if different

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

**NOTARY PAGE**

I hereby depose and say that all of the statements contained in the papers submitted herewith are true.

\_\_\_\_\_  
Applicant's Printed Name - Title

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by me said Applicant \_\_\_\_\_.

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

**AFFIDAVIT OF OWNERSHIP  
(To be complete if applicant is not owner)**

\_\_\_\_\_ being duly sworn, deposes and says he/she resides at  
( Owner's Name)

\_\_\_\_\_ in the County of \_\_\_\_\_, in the State  
(address)

of \_\_\_\_\_, that he/she is the owner of the affected property located in the Township of Plain, Stark County, Ohio and known as \_\_\_\_\_ and that  
(address or parcel)

he/she hereby authorizes \_\_\_\_\_ to make the annexed application in his/her  
(Applicant's Name)

behalf and that the statements of fact contained in said application are true.

\_\_\_\_\_  
Owner's Printed Name - Title

\_\_\_\_\_  
Owner's Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by me said Owner \_\_\_\_\_.

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