

**EXCEPTION**

PLEASE PRINT CLEARLY

**PROPERTY ADDRESS**

STREET:	PARCEL(S) #
CITY/STATE/ZIP CODE:	ZONING DISTRICT:
LEGAL DESCRIPTION:	APPLICABLE SECTION OF ZONING RESOLUTION:
BRIEF DESCRIPTION OF EXCEPTION:	

**REQUIRED INFORMATION TO BE SUBMITTED**

COMPLETED APPLICATION FORM
LETTER of INTENTION – Brief statement describing nature of Exception (separate from application)
SITE PLAN – Seven (7) 24" x 36" hardcopies plus one (1) electronic copy.
FEES – Residential - \$150.00 (payable to Sylvania Township Trustees) Commercial/Industrial - \$300.00 (payable to Sylvania Township Trustees)

**PROPERTY OWNER**

NAME:	PHONE:
ADDRESS:	EMAIL ADDRESS:

**APPLICANT/AGENT**

NAME:	PHONE:
ADDRESS:	EMAIL ADDRESS:

A Board or Commission may require the property owner to appear in person to provide testimony.

*"I certify that the information contained in this application and its supplements are true and correct."*

<b>PROPERTY OWNER SIGNATURE</b>	DATE:
<b>APPLICANT SIGNATURE</b>	DATE:

For Office Use Only		
SYLVANIA TOWNSHIP BOARD OF ZONING APPEALS	DATE:	DECISION:
Conditions of Approval (if any)		