

AKRON BOARD OF ZONING APPEALS
APPEAL OF ORDER TO COMPLY

To: The Board of Zoning Appeals, Akron, Ohio

Date: _____

The undersigned (circle one) **owner / holder of option / lessee /** _____
of the property herein involved, does hereby appeal the Superintendent of Building Inspection's
ORDER TO COMPLY (and NOTICE OF ADMINISTRATIVE PENALTY) dated _____
to the Board of Zoning Appeals.

SUPPORTING INFORMATION

IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS APPEAL,
NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.

1. Property Location (Address and Parcel Number(s)): _____

2. Violation(s) Cited: _____

3. My reasons for this appeal are: _____

4. Attach a copy of the ORDER TO COMPLY (and NOTICE OF ADMINISTRATIVE PENALTY) being
appealed.

PRINT / TYPE name of **OWNER(S)** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

PRINT / TYPE name of **__Holder of option __Lessee** _____

SIGNATURE: _____

Address: _____

City, State: _____

Zip: _____ Phone: (_____) _____

ALSO NOTIFY:

ALSO NOTIFY:

PRINT or TYPE name

PRINT or TYPE name

Relationship to Petitioner (agent, attorney, principal, etc.)

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SIGNATURE: _____

SIGNATURE: _____

Address: _____

Address: _____

City, State: _____

City, State: _____

Zip: _____ Phone: (_____) _____

Zip: _____ Phone: (_____) _____

**A NON-REFUNDABLE FILING FEE shall accompany this appeal upon submittal to
The Department of Planning and Urban Development
Municipal Building Room 405, 166 S. High Street, Akron, OH 44308-1628**

Please make CHECKS PAYABLE to City of Akron.

DO NOT WRITE BELOW THIS LINE

Reason(s) for requiring an Appeal is/are: _____

Signature of Zoning Manager

This is to certify that a fee of \$ _____ has been received for investigation incident to this appeal. (\$75.00)

Receipt # _____

Appeal # _____ -2012-Z

Signature of City Employee

Councilperson _____ Ward _____

Title

COUNCIL TIME STAMP

ZONING TIME STAMP