

LAWRENCE TOWNSHIP
ZONING DEPARTMENT

REQUEST FOR APPEALS BOARD HEARING

Date : _____

TO: Lawrence Township Board of Zoning Appeals

The below mentioned applicant has requested a hearing for the following property located at:

The reason for this request is: (Please attach additional pages if required)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Signature: _____

Date Submitted: _____

Please make the check payable to Lawrence Township

P.O. BOX 190
10867 INDUSTRIAL PARKWAY NW
BOLIVAR, OHIO 44612-0190

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FAX (330) 874-2992
e-mail zoning@lawrencetownship.org