



ADMINISTRATIVE APPEAL SUBMITTAL INSTRUCTIONS

****Please review the following to ensure all submittal requirements are provided. Incomplete submittals will not be accepted. Submittals are not complete and are not considered accepted until all required documents are provided.***

*****Forward any questions about application, site plan, and/or submittal options and requirements to 614-525-3094 or Planning@franklincountyohio.gov.***

1. COMPLETED APPLICATION FORM – Please confirm all application form requirements are complete.

- a. Include all Property, Owner, Applicant, and Agent Information
 - i. Site address, Parcel ID, Acreage, Township, Zoning District
 - ii. Name(s) Address(es), Phone Number(s), Email Address(es)
- b. Mark all checklist boxes on application form to confirm all required documents have been provided.
- c. Describe the decision by an Administrative Officer that is being appealed
- d. Describe the project.
- e. Include a copy of the denial letter or denied application being appealed.

2. APPLICATION SUBMITTAL

- a. Applications should be delivered to 150 South Front Street, FSL Suite 10, Columbus, Ohio, 43215-7104.
- b. Incomplete applications may be rejected and/or returned to the owner/applicant.
- c. Complete applications must be received by noon on the 2nd Thursday of each month to be scheduled for the Board of Zoning Appeals (BZA) hearing on the 3rd Monday of the following month. Confirm with Planning Department for monthly hearing schedules.



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Property Information

Site Address:

Parcel ID:

Lot Acreage:

Township

Property Owner Information

Name:

Address:

Phone #

Fax #

Email:

Applicant Information

☐ Same as property owner

Name:

Address:

Phone #

Fax #

Email:

Agent Information

☐ Same as property owner

Name:

Address:

Phone #

Fax #

Email:

Staff Use Only

Case #

Date Filed:

Received By:

Hearing Date:

Zoning Compliance #:

Checklist

- ☐ Completed Application
- ☐ Auditor's Map (8.5"x11")
- ☐ Covenants and deed
- ☐ Notarized signatures
- ☐ Proof of water/wastewater supply
- ☐ Copy of Administrative Officer's decision

Water & Wastewater

Water Supply

☐ Public (Central)

☐ Private (On-site)

☐ Other

Wastewater Treatment

☐ Public (Central)

☐ Private (On-site)

☐ Other



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Describe the decision by an Administrative Officer that is being appealed:

Describe the project:

Affidavit

I hereby certify that the facts, statements, and information presented within this application form are true and correct to the best of my knowledge and belief. I hereby understand and certify that any misrepresentation or omissions of any information required in this application form may result in my application being delayed or not approved by the County. I hereby certify that I have read and fully understand all the information required in this application form.

Applicant

Date

Property Owner (signature must be notarized)

Date

Property Owner (signature must be notarized)

Date

***Agent must provide documentation that they are legally representing the property owner.**

****Approval does not invalidate any restrictions and/or covenants that are on the property.**

Applications may be delivered to 150 South Front Street, FSL Suite 10, Columbus, Ohio, 43215-7104, ATTN:Planning Department.
For any questions contact 614-525-3094 or Planning@franklincountyohio.gov.



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Application instructions

Please submit the following:

1. Application Form
Completed application form with notarized signatures
2. Covenants or deed restrictions
Provide a copy of your deed with any deed restrictions
You can find your deed at: recorder.franklincountyohio.gov
3. Auditor's Tax Map
Provide a map showing the subject property and all land within 500 feet of the property.
You can find the map at: www.franklincountyauditor.gov

4. Proof of utility service
Provide proof from the provider of your water and wastewater services

Note: If services are provided by a private or public entity, you must provide a letter verifying that you have service or will have access to it. If you're proposing an on-lot septic system or well, please provide information from the Franklin County Board of Health (or appropriate agency).

5. Copy of Administrative Officer's decision
Provide a copy of the letter or application indicating the decision being appealed