



STONELICK TWP ZONING BOARD OF APPEALS  
 457 SOUTH BROADWAY—P.O. BOX 37  
 OWENSVILLE, OHIO 45160

Chairman-Robert Burroughs Secretary-Ken Fouts  
 Members- Jerry Brown—Mike Cornwell—Kevin Esz

I / WE HEREBY APPLY TO THE STONELICK TOWNSHIP ZONING BOARD OF APPEALS FOR:

Home Application     Conditional Use Permit     Mobile Home Placement     Appeal Citation  
 Non-Conforming Use     Other \_\_\_\_\_

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I/WE or someone on my behalf will appear at the scheduled public hearing.  
 The sum of \$200 has been paid to the Stonelick Township Board of Trustees for the application fee.

Property Owner Signature: \_\_\_\_\_

Note: All hearings are open to the public at the Township Hall, Owensville, Ohio. You will be notified of the time and date of the public appeal hearing.

A copy of the Stonelick Zoning Resolution is available for download from our website –[stonelicktwp-oh.org](http://stonelicktwp-oh.org).

The following documents must accompany this application:

1. Deed (showing registered with Clermont County Auditor)
2. Sketch drawn to scale
3. Zoning permits that apply to property
4. Photographs, plot plans, construction details.

**LETTERS WILL BE SENT TO ADJACENT NEIGHBORS. PLEASE COMPLETE THE INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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Date Application Received from Zoning Inspector: \_\_\_\_\_

Hearing Schedule Date and Time: \_\_\_\_\_

Case Number Assigned for Hearing: \_\_\_\_\_

TO BE COMPLETED BY ZONING BOARD OF APPEALS CHAIRMAN

<u>APPEALS BOARD MEMBER</u>	<u>APPROVAL</u>	<u>DISAPPROVAL</u>
Burroughs	_____	_____
Brown	_____	_____
Cornwell	_____	_____
Esz	_____	_____
Fouts	_____	_____

WRITTEN FINDING OF FACT:

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SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
Chairman