



**Village of Yellow Springs**  
100 Dayton Street, 45387  
PHONE: (937) 767-1702  
FAX: (937) 767-3720  
**Board of Zoning Appeals**  
**Application**

[OFFICE USE]  
Case #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

TYPE OF REQUEST: (Check one)  
 VARIANCE                       ZONING APPEAL  
 OTHER (Please Specify): \_\_\_\_\_

1. Property Address and/or Parcel ID: \_\_\_\_\_
2. Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Description of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

The owner of this property and undersigned do hereby certify that the information and statements given on this application, drawings, and specifications are to the best of their knowledge, true and correct.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_  
E-mail: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE [OFFICE USE]**

Zoning Classification: \_\_\_\_\_ Fee: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_  
Request Denied or Approved: \_\_\_\_\_  
Zoning Official Name & Title: \_\_\_\_\_