



CITY OF SIDNEY
www.sidneyoh.com

APPLICATION FOR ADMINISTRATIVE APPEAL

I. Applicant Information

Name of Property Owner _____ Telephone No. _____

Address _____

Name of Agent or Attorney _____ Telephone No. _____

Address _____

Contact Person _____ Telephone No. _____

II. Property For Which An Appeal Is Requested Information

County Parcel ID No(s). _____ Lot No. _____

Subdivision (if applicable) _____

Street No. (if applicable) _____ Street _____

Existing Use of Property _____

Description of Appeal Requested _____

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

Signature of Applicant

Date

For Office Use Only

APPLICATION NO. _____ DATE FILED _____ FEES PAID \$ _____

HEARING DATES: _____