

Date: \_\_\_\_\_

Form 125-APPEAL

Office use only

Fee: \_\_\_\_\_

Paid: \_\_\_\_\_

Receipt No. \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION FOR APPEAL**  
from the Access Management Regulations of Erie County, Ohio.

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

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

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other: \_\_\_\_\_

Describe Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Nature of appeal and justification for appeal.** On a separate sheet, attach a statement explaining why the appeal is being made. Provide information addressing the following items:

1. The nature of the alleged error in judgment made by the County Engineer or the Township Trustees, as applicable, in enforcing the regulations;
2. The effects, if any, of the alleged error and how such an error has resulted in unnecessary hardship;
3. The corrective or mitigative action the applicant believes is necessary.

Attach any other drawings, plans, studies, statements, or other documents that justify, clarify, or provide further explanation of the appeal.

**Certification.** I, the undersigned, certify that the information contained in this application and attachments is, to the best of my knowledge, true and correct.

Sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

For office use only:

Board of Appeals hearing date: \_\_\_\_\_

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_