

Revised: Jan 2021

Certification of Notice

Applicant Name: _____

Location of property subject to BZAP request: _____

Describe activity which requires Board of Zoning and Planning review:

This application will be heard by the Board of Zoning and Planning on: _____

Board of Zoning and Planning (BZAP) meetings begin at 6 PM on Wednesdays and are held at the Upper Arlington Municipal Services Center, 3600 Tremont Road, Upper Arlington, Ohio, 43221. **Due to the ongoing COVID-19 pandemic, meetings MAY be held remotely via video conference and telephone call-in.** Meeting location details and additional instructions will be provided on the Agenda, which is posted on the City’s website at docs.uaoh.net/AgendaOnline. For further information, please contact the Planning Division at planning@uaoh.net.

*Your signature below **DOES NOT** constitute approval or disapproval of the request. Your signature only represents that you have been properly notified of the request. You are encouraged to attend any and all meetings regarding this matter.*

Address of Property to be notified:	Property Owner Name:	Property Owner Signature or Certified Mail No.:	Date obtained or Mail sent:
Applicant Signature:			Date: