



# The City of Brooklyn Ohio

Founded 1867

Phone 216-351-2133 Fax 216-351-5800

## REQUEST FOR VARIANCE ZONING BOARD OF APPEALS

FEE: \$50.00

DOCKET NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEETING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Name of Applicant \_\_\_\_\_

2. Address of Applicant \_\_\_\_\_

Street Address

City

State

Zip Code

3. Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Location of Request \_\_\_\_\_

5. Variance Requested (Please be Specific) \_\_\_\_\_

6. Reason For Need Of The Variance (Show Hardship) \_\_\_\_\_

\_\_\_\_\_  
(Printed) Name of Applicant

\_\_\_\_\_  
Applicant's Signature

\*\*\*\*\*

*(To Be Filled In By The Office Of The Building Commissioner)*

Paid: \$\_\_\_\_.\_\_\_\_ Cash: \_\_\_\_ Check No.: \_\_\_\_\_ Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

MC / VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Address No.: \_\_\_\_\_ Zip Code: \_\_\_\_\_ No. of exhibits attached: \_\_\_\_\_

Adjacent Properties Notified: \_\_\_\_\_ Number of properties notified: \_\_\_\_\_

Building Department Comments: \_\_\_\_\_

\_\_\_\_\_  
BUILDING COMMISSIONER