The City of
Brooklyn Ohio

Founded 1867

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

FEE: $50.00 DATE: _____

Docket No.: _____-_____-_____

ZONING BOARD OF APPEALS
APPLICATION FOR APPEAL

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NO.: (____) _____ - _____.

LOCATION ADDRESS: _____

OWNER ADDRESS: _____

RELIEF REQUESTED (Please be specific): _____

_____

_____

_____

STATE REASONS FOR NEED OF RELIEF: _____

_____

_____

_____

_____
Applicant's Signature

(To be filled in by the office of the Building Commissioner)

Fee Paid: _____ Cash _____ Check No. _____ Chg.#: MC / VISA_____

Date received _____/_____/_____ No. of exhibits attached _____

Nature of action requiring appeal:_____

_____

_____