



# 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

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

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

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

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***(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