



# CITY OF BROOKLYN

7619 Memphis Avenue, Brooklyn, OH 44144  
Phone 216-351-2133 Fax 216-351-5800

## BOARD OF ZONING APPEALS

APPLICATION TYPE:  APPEAL  VARIANCE  RELIEF

FEE: **\$50.00** DATE: \_\_\_\_\_ Application#: \_\_\_\_\_

DOCKET NO: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MEETING DATE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT PHONE NO.: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

REASON FOR REQUEST (Please be specific):  
\_\_\_\_\_  
\_\_\_\_\_

STATE REASONS FOR NEED (Please be specific/Show Hardship):  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Fee Paid: \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of action requiring Appeal:  
\_\_\_\_\_  
\_\_\_\_\_