



BOARD OF ZONING APPEALS

APPLICATION TYPE: ☐ APPEAL ☐ VARIANCE ☐ RELIEF

FEE: **\$50.00**

DATE: _____

MEETING DATE: _____

SITE ADDRESS: _____

APPLICANT NAME: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE NO.: _____ CELL #: _____

EMAIL: _____

REASON FOR REQUEST (What is it for):

STATE REASONS FOR NEED (why do you need the request):

Applicant's Signature _____

MOVING FORWARD. TOGETHER.

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