



VILLAGE OF CUYAHOGA HEIGHTS
4863 East 71st Street
Cuyahoga Heights, Ohio 44125

BUILDING DEPARTMENT
Office: (216) 641-7020 Fax: (216) 641-8485
Email: l.schoeffler@cuyahogaheights.com

BOARD OF ZONING APPEALS APPLICATION FEE: \$25.00

Name of Applicant: _____ Firm Name: _____

Telephone Number: _____ Fax Number: _____

Agent For: _____

Address Site: _____ Parcel #: _____

Owner of Site: _____ Phone Number: _____

(If the "Applicant" is not the owner, and the owner will not appear before the Board, the "Applicant" shall provide a written statement from the property owner authorizing the "Applicant" to make such a request.)

Project or Building Name: _____ Zoning District: _____

Type of Variance Request (Be Specific): _____

Reasons for Need of a Variance (Be Specific): _____

Name of all Who Will Present this Request to the Board at the Meeting: _____

This application must include three (3) copies of all drawings and information pertinent to the request, plus a copy reduced to 11" x 17" if drawings or items submitted are larger than such size.

I understand, according to Village Code, application to appear before the Board of Zoning Appeals must be made by noon (12:00 p.m.) on the seventh (7th) day prior to the scheduled meeting.

Signature of Applicant _____ Date _____

Meeting Dates: Third (3rd) Wednesday of the month at 6:00 p.m. at the Cuyahoga Heights Village Hall, 4863 East 71st Street, Cuyahoga Heights, Ohio, 44125.