



VILLAGE OF CUYAHOGA HEIGHTS  
4863 East 71<sup>st</sup> Street  
Cuyahoga Heights, Ohio 44125

BUILDING DEPARTMENT  
Office: (216) 641-7020 Fax: (216) 641-8485  
Email: [k.labella@cuyahogaheights.com](mailto:k.labella@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 (7<sup>th</sup>) day prior to the scheduled meeting.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Meeting Dates: Third (3<sup>rd</sup>) Wednesday of the month at 5:00 p.m. at the Cuyahoga Heights Village Hall, 4863 East 71<sup>st</sup> Street, Cuyahoga Heights, Ohio, 44125.**