



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

BUILDING DEPARTMENT
Office: (216) 641-7020 Fax: (216) 641-8485
Email: k.labela@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, the application to appear before the Board of Zoning Appeals must be made by the first (1st) of the month ahead of the scheduled meeting.

Signature of Applicant _____ Date _____

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