



CITY OF BRECKSVILLE
BOARD OF ZONING APPEALS ("BZA")
9069 BRECKSVILLE ROAD, BRECKSVILLE, OH 44141
Ph: 440-526-2630 Fax: 440-526-6322

REQUEST FOR VARIANCE

Appeal #: _____
of Variances: _____
Today's Date: _____

PROPERTY ADDRESS _____ PP# _____ SUBLOT _____ ZONING _____

PROPERTY OWNER:

PERSON FILING REQUEST (if different than "PROPERTY OWNER"):

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Relationship to the Owner: _____

Please describe your Request(s) for Variance (as provided under Section 1197.10 of the City zoning ordinance).

Reason(s) for your Hardship. Please indicate the hardship, practical difficulty and/or other reason(s) you have for applying for this variance which will help the BZA to better understand your need and to assist in their decision-making process. Attach further details as needed.

Have you discussed this matter with your neighbors, especially those within the line-of-sight of your proposed project? Yes No

Members of the Zoning Appeals Board and other interested City representatives may visit your property to better understand your request and to evaluate the existing conditions. Please make note of any family pets that may be outside should they come onto your property.

Not Applicable (i.e., no pets) Describe your outdoor pets _____

"I have received a copy of the Summary of Procedures for Requesting a Zoning Variance from the Brecksville Board of Zoning Appeals, and certify that the above statements I provided are true."

Applicant _____ Dated _____

Email: _____

MEETING DATE: _____
FEE PAID \$ _____
RECEIPT # _____

***** The following space is for use by the Brecksville Building Department only *****

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