

BOARD OF ZONING & BUILDING CODE APPEALS STRONGSVILLE, OHIO

**Today's date: _____

**Type of Project: _____

**Project Address: _____

**Property Owner's Name: _____

**Property Owner's Address: _____

**Property Owner's Phone Numbers: Home _____ Work _____ Cell _____

**Subdivision Name (If applicable): _____

**Part of a Homeowner's Association: Yes _____ No _____

**State the reason why you cannot build your project according to the code:

PPN: _____ ZONING DISTRICT: _____

Non-Compliance to Ordinance Number: _____

Type of Variance Needed: _____

Amount Required or Permitted: _____

Amount Being Proposed: _____

Amount Requested: _____

(If applicable):

Representative's Name: _____

Representative's Address: _____

Representative's City, State and Zip Code: _____

Representative's Phone Numbers: Work _____ Cell: _____ Fax: _____

** Applicant must complete these required fields