

THE CITY OF PAINESVILLE, OHIO

APPLICATION FOR APPEAL OF ZONING REGULATIONS

Fee: \$ 125.00

Date: _____

I, (we) of _____ do appeal to the Board of Zoning Appeals of the City of Painesville, Ohio in regard to the refusal of desired Zoning Permit by the Department of Community Development for the following building/or use:

Proposed Variance: _____

Location: _____ Zoning District: _____

I, (we) do further state to the Board of Zoning Appeals that it is impossible to comply with the Zoning Regulations for this particular purpose, because (state reasons for inability to comply with the ordinance):

A sketch illustrating the variance request must be attached for review by the Board.

Signed _____ Date _____

Applicant's Name: _____

Address: _____ Phone _____

Owner (if different from applicant): _____

Address: _____ Phone _____

Owner's Signature _____ Date _____



Board of zoning appeals application.doc _____

Signed: _____

RECORD OF BOARD OF ZONING APPEALS

Date Appeal Presented _____ Case Advertised _____

Final Action by the Board of Zoning Appeals

BOARD OF ZONING APPEALS

Refusal No: _____ Receipt No: _____ Amount: \$ 125.00