



# Application for the Board of Zoning Appeals

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

697 Neeb Road, Cincinnati, Ohio 45233  
Phone: (513) 922-2705 Fax: (513) 922-8767

**Please Check Applicable Request:**       Variance       Special Zoning Certificate

**Project Site Information** *(Please print clearly)*

Address of land to be rezoned: \_\_\_\_\_

Auditor's Book 540 Page: \_\_\_\_\_ Parcel(s): \_\_\_\_\_ Acres: \_\_\_\_\_

Present Zoning District: \_\_\_\_\_ Present Use of the Land: \_\_\_\_\_

Proposed Request: \_\_\_\_\_

Letter describing facts in support of the proposed request (included):  Yes  No

Owner of the Property: \_\_\_\_\_

Owner's Address (Street): \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Owner's Telephone Number(s): \_\_\_\_\_

**Applicant Information** *(Please print clearly)*

Applicant: \_\_\_\_\_ Owner Agent Representative Other

Company: \_\_\_\_\_

Address (street): \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I hereby attest to the truth and exactness of all of the information supplied on this application:**

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

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use: Case # \_\_\_\_\_ ; Property History: \_\_\_\_\_*