

**APPLICATION FOR VARIANCE
WILLOWICK BOARD OF ZONING APPEALS**

NAME OF PROPERTY OWNER: _____

ADDRESS: _____

PHONE: _____

**NAME OF APPLICANT
IF DIFFERENT FROM OWNER:** _____

ADDRESS: _____

PHONE: _____

REASON AND JUSTIFICATION FOR REQUEST:

DATE: _____ **SIGNED:** _____
APPLICANT

FOR OFFICE USE ONLY

CASE NO. _____

**PROPERTY ZONED FOR
(STATE DISTRICT):** _____

**APPLICABLE SECTION OF
CODIFIED ORDINANCES:** _____

VARIANCE SOUGHT:

Pursuant to Section 1169.05(b) of the Codified Ordinances, a check in the amount of \$150.00 made payable to the City of Willowick, together with a drawing showing where the requested variance will be located and all measurements of same, must accompany this request for variance. All pertinent information must be submitted to the building department no later than 3 weeks prior to the meeting date, which is the second Wednesday of each month.

Meeting 7:30 pm _____ at 30435 Lakeshore Blvd. City Hall Council Chambers, 2nd floor